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# JOURNAL

## OF THE National Medical Association

A PUBLICATION DEVOTED TO THE INTEREST OF THE NATIONAL MEDICAL ASSOCIATION AND ALLIED PROFESSIONS OF MEDICINE, SURGERY, DENTISTRY AND PHARMACY . . . . .

Vol. 4

January-March, 1912

No. 1

Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery, Pharmacy and Dentistry.



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"while the paramount serviceability of a remedy is its therapeutic value, its adaptability is an item of no small import.

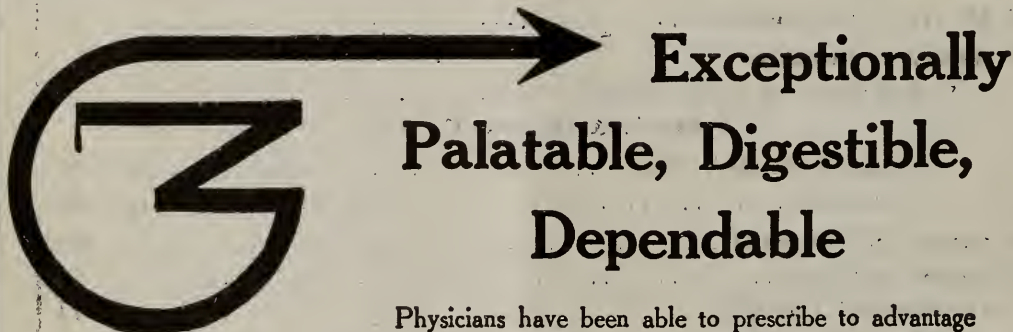
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"in the treatment of muscular cramps, hot applications according to S. Solis Cohen, lessens the excitability and energy of the voluntary muscles and relieves the excruciating pains accompanying these attacks.

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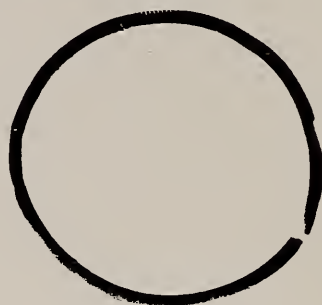
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“while it is said that ‘religion follows the flag’ it is also a fact that therapeutic results invariably follow the application of certain accepted remedies.

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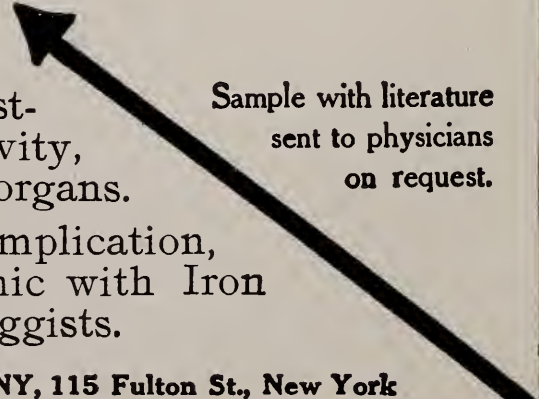
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"the value of cold as a therapeutic agent in inflammatory conditions is slowly but surely reversing from a fact into a very doubtful theory.

Dr. Cavana (*American Journal of Surgery*, October, 1912) demonstrates by careful analysis and logic that pathogenic micro-organisms multiply most rapidly in temperature from below 98.6 degrees to freezing and 'that in a temperature of 100 degrees Fahrenheit most of the laboratory cultures die, and that in a temperature of 103 degrees all artificial germ propagation ceases.'

Taking a case of silitis, Bronchitis, as Dr. Fauntleroy gestures, in fact any inflammatory in-

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a cure by favoring leucocytosis and adding to nature's defense against suppuration. There can be no doubt that much of the success in treating inflammations, whether deep or superficial, with antiphlogistine which retains its thermic value for hours if applied thick and hot, has been due to this therapeutic function."



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## THERAPEUTICS OF PULMONARY TUBERCULOSIS

\*By C. V. ROMAN, M. D.

NASHVILLE, TENNESSEE

The SCIENCE of medicine is as exact in many of its branches as any department of human knowledge; the ART of medicine, however, is beset with many difficulties and uncertainties. So complex and variable are they, that only minds of highest order and specially trained are able to comprehend, as an orderly whole, their myriad ramifications. Multiplied possibilities mystify the mind. A myriad roads make the choice of a way difficult. Many jangled sounds may destroy the pleasures, or even the possibilities of harmony. There is a poverty of surfeit as well as a poverty of want. Too much opportunity, as well as too little opportunity, may destroy the ability to choose. Complication will destroy the sense of orderliness in minds of limited capacity or little training. The trained mind, and only the trained mind, can recognize the difference between preparing for contingencies and haphazard guessing.

Life is full of uncertainties, yes! but full of certainties too. The

problem of disease has many variable factors, but there are constant factors as well. The untrained mind cannot distinguish the variants from the constants. Because a man may shoot at random and hit the target, that is no sign that there is no such thing as marksmanship. Because no one has ever squared the circle, or extracted the square root of 2, does not prove that all the problems of mathematics are inexact and indeterminate. Similarly, medicine presents innumerable unsolved problems, and some apparently unsolvable ones, yet, there is a SCIENCE OF MEDICINE, as certainly as there is a science of mathematics. There are therapeutic truths as firmly established as any propositions of human reason. There are principles of treatment as clearly defined and as accurately demonstrable as the binomial theorem or the polarity of light.

A knowledge of these principles distinguishes medical science from medical superstition; and the manner of their application differentiates

\*Delivered before Rock City Academy of Medicine, Surgery, Dentistry and Pharmacy  
December 18, 1911.

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the true physician from the quack.

Nowhere does this difference become more manifest than in the presence of the so-called "incurable diseases." The true mariner knows the port and will not lose his head nor cease his efforts because of the possibility of the ship sinking before the haven is reached. His only safety lies in good seamanship. In other words, he makes full use of all the controllable factors and trusts providence for the rest. So the true physician will not allow his patient to die without bringing to his aid **ALL THE AVAILABLE RESOURCES OF HIS PROFESSION**. This should be done whatever the disease and whatever the probable outcome. To do less is misfeasance in the holy office of physician.

The frequency of the utter failure of all treatment in Pulmonary Consumption often leads the physician to assume that death is inevitable, and to take no serious step to combat the disease. This, to my mind is absolutely wrong. Every patient should receive the benefit of every doubt, and every available means should be brought to his aid, and providence left the sole arbiter of fate.

With this statement of my creed I will give in detail my methods of dealing with these cases when I was a general practitioner.

**I. EXAMINATION.** (a) Physical—This should be careful and thorough. There should be a conscientious effort to determine the extent of the lesions, and to estimate the vital re-

sistence or viability of the patient. Skill and care here, are often the determining factors in the evolution of the case. The function and integrity of every organ of the body should be considered—especially the respiratory and digestive systems in every detail. The primary fatal factors in these cases are often found in the mouth and nasopharynx. It is a significant fact that a majority of cases of tuberculosis of the lungs is preceded by a chronic catarrhal laryngitis.—The lymphatic system often reveals a mixed infection—tuberculosis and syphilis. This condition exists much oftener than ordinary vital statistics would indicate.

(b) Mental examination, including habits. The mental attitude of a patient often determines his fate. It is practically impossible to cure a patient of a wasting disease if he has firmly made up his mind to die, either through terror or despondency. On the other hand, **HOPE AND DETERMINATION** are potent therapeutic factors. When backed by intelligent and courageous conduct, they more than double the doctor's efficiency. The doctor should have a thorough knowledge of the disease when he begins the examination. When he ends it, he should have added two other items; viz., (a) a full knowledge of the patient, mentally, morally and physically, and (b) a detailed understanding of the relationship of the patient and the disease. Sometimes the patient has the disease and sometimes the disease has the patient. This is a great

clinical truth, the force of which stands in direct ratio to the knowledge and experience of the physician. Knowledge of the disease, knowledge of the patient and knowledge of their inter-relationship are the triplicate elements of a diagnosis.

The nature of the diagnosis, and the knowledge, experience and resourcefulness of the physician determine the prognosis and treatment.

The PROGNOSIS in pulmonary consumption is only absolutely fatal when the disease has progressed to the point where, if arrested, the integrity and vitality of the organs are not sufficient to maintain life.

In my personal experience the average mortality of all other cases of this disease was 50%.

II. TREATMENT. (a)—Get psychic control of your patient and explain to him his case is not a hopeless one unless his conduct makes it so. Life is at best uncertain and he has an equal chance in the fight with death. Gain his confidence. Insist on implicit obedience, and total abstinence from all intoxicating liquors, and patent or proprietary medicines; and, if possible, tobacco. Cigarettes are fatal to the consumptive.

(b)—Give detailed instructions as to conduct. Eat regularly and plentifully of good, wholesome food; whatever his appetite calls for and experience shows agrees with him. Take plenty of sleep in a well-ventilated room. (I have had no personal experience with outdoor treatment.) Spend as much of his

waking time in the open air as possible. Practice deep breathing. Always lie down if temperature is 100 degrees or more.

Avoid not only sexual congress but sexual excitement and erotic thoughts. This is important. Death is almost certain if this injunction is violated. Healthful reading matter, pleasant company, outdoor exercises, cold sponging and a determination to get well, will render compliance easy. Avoid crowds and exertion to the point of weariness. Wear sufficient but not too much clothing. Always carry a wrap in changeable weather. Avoid taking colds, and do not neglect any cold however slight. Always wash and scrub teeth after every meal. Always wash mouth and gargle throat on going to bed, with some simple alkali as:

Rx. Liq. Antiseptic Alk. 6oz.

Sig: two or three teaspoonfuls in a teacup of water—warm or cold according to taste; or 1 teaspoonful of Sodium Bicarbonate (cooking soda), to a pint of water.

Occupation is better than idleness if patient's condition will warrant it. Report to the doctor often, etc., etc. Make the instructions cover every hour of his time and every phase of his life. As a rule, physicians make their instructions too general and indefinite for the average patient to profit much by them. The patient should be panoplied with dietetic and hygienic knowledge. Of course, the supposition is that the physician can thus fortify him from a full storehouse.

(c)—DRUGS. For tuberculosis out of the reach of direct applica-

tion, there are no specifics. As an unchartered sea tests the skill of the navigator, so symptomatic or expectant treatment tests the efficiency of the physician. Experience has demonstrated to me the value of drugs in this malady.

(1) IODINE taken internally will arrest and apparently cure many cases of pulmonary consumption. The digestive tract is the index of success. An adult that can take five drops of tincture of iodine in water three times a day after meals, and gradually increase the dose to fifteen or twenty drops, will undoubtedly get well of beginning consumption, if he will follow the dietetic and hygienic regimen herein-before described.

Personal idiosyncrasy to this drug is very marked; and judicious test is the only method I know, to measure the individual tolerance of the patient. The initial dose should be small and thoroughly tested before any increase is attempted. My average time was two weeks for the minimum dose. The increase should be cautious and gradual—certainly not more than one drop every other day. Extreme watchfulness and a full knowledge of the physiological effects of the drug are requisite to success.

The drug should at the same time be used locally on the chest. Select a point near the focus of the disease (usually the depression immediately beneath the clavicle) and paint a spot the size of a silver dollar, not larger. Paint the same spot twice a day until the skin darkens or

shows signs of irritation. Should the application be painful, follow it with petrolatum. This will at once stop the burning. Repeat this process one spot at a time until the whole affected area, back and front and side, has been covered with tangential circles.

(2) Pure Cod-liver Oil, no Emulsion.—I am not sure that any other available animal or vegetable fat would not do as well. But this is largely a later reflection and is not germane, as this address is to be confined to my own experience. I used cod-liver oil because I was so taught, but I soon discovered that my patients did not like it, and few could digest it, and fewer still were benefited. I fared no better with the emulsion. One day while listening to the complaints of an emaciated consumptive with a harsh dry skin, I became convinced, that notwithstanding the evident need of fat in his system, he was not profiting by what I was giving him. I ordered it discontinued until I returned. In the meantime, I kept thinking, and reached the conclusion to have him rubbed with it. Improvement was immediate. A daily bath followed by a thorough rub with cod-liver oil, especial attention being given to the lymphatic regions, was the chief factor in the recovery of this case, though there was no let up on dietetic and hygienic measures.

(3) Hypophosphites of Lime and Soda, in the form of a syrup (I used McArthur's) are of undoubted benefit in selected cases—sometimes curative in the very beginning of the

trouble, if properly reinforced by diet and hygiene.

(4) Liq. Hydrarg. et Arsenic Iodidi will often work marvels if judiciously given in cases of mixed infection (syphilis and tuberculosis). Gtt. II-X, in aq. t. i. d., p. c. Begin with the smaller and very cautiously approach the larger dose, coming immediately back if diarrhoea or ptyalism appear. A wonderful effective drug if used with skill.

These are the drugs I have found etiological in their therapeutic activity, i. e., they attack the infection itself, whether by increasing the patient's resistance or diminishing the infection's virulence, I know not. I can better record my further use of drugs by considering them in connection with some of the prominent and troublesome symptoms of this dire malady.

(a) FEVER. This symptom taken in connection with the accompanying emaciation likely gave origin to the name consumption. I have run the entire therapeutic gamut and have never found a chord of certainty here. Whether an elevation of temperature is an effort of the system to conquer the disease and should be encouraged, or is a manifestation of trouble and should be suppressed, is one of the academic laboratory problems of medicine that is still sub judice; yet, no clinical fact is better known than that a **PATIENT WITH A CONTINUED HIGH TEMPERATURE WILL DIE**. This symptom then becomes an index of the progress of the disease.

Cold applications will chill the patients, and sedatives will depress them. Yet there are some certainties even here. Many things beside tubercular activity may cause a rise of temperature in the consumptive; coryza, indigestion, toxemia (constipation), malaria, etc., etc. These should be sought out and properly combated. If none of these exist, then general anti-pyretic principles must be relied upon; care being taken not to increase the patient's distress and danger by ill-advised therapeutic violence. Rest in bed is always indicated—a prolonged tepid bath followed by alcoholic sponging is often efficacious. The sponging alone is often efficient.

Where pronounced tachicardia accompanies the fever, small doses of aconite, frequently repeated, until pulse and temperature come down, will bring temporary relief without prejudice to the patient's chance for recovery. Rarely a case is benefited by a judicious use of the coal tar sedatives. Though long continued or frequent use of the coal tar preparation will certainly increase the danger. Intermission of fever is a favorable sign—the more pronounced the intermission, the more favorable the sign.

(b)—NIGHT SWEATS are closely connected with the temperature problem, but occasionally seem independent of it. Flannel should be worn to prevent chilling. Cold sponging is often effective in robust cases—alcohol sponging in the others. Atropine and camphoric acid, either one, will stop the sweat-

ing, but are apt to do more damage than good as they disturb digestion.

(c)—DIARRHOEA—Colonic flushing and dieting are much more efficacious, and far less dangerous than drugs. Beware of purgatives and astringents. They may be needed but should be used with caution.

(d)—COUGH. This is not only the most prominent symptom of this disease, but is also the most dangerous; for it is by means of the cough that the infection is spread to the danger of the patient himself, as well as others. The patient's re-infecting himself is one of the means of insuring a fatal end. It is against this symptom (cough) that domestic and quack remedies are usually directed. Too often this symptom is the horizon that limits the physician's therapeutic vision. Too much attention to this symptom has destroyed the chance of many a patient to recover. Cough mixtures have oftener been the bane than the balm of consumptives. Opium will mask this symptom and give a false sense of security to the sufferer. He continues the medicine, and, like the belated traveller in a cold country yielding to the soporific effect of cold, mistaking eusthania for recovery, receives the "last cold kiss that awaits us all."

Never give opium to a consumptive for cough, except in the hopeless terminal stages.

That cough is a symptom and not a disease, is common knowledge to the veriest tyro in medicine; but theoretic wisdom often fails of practical application, and men frequently

know more than they put to good use. In the face of the medical truism just quoted, the majority of doctors have their stock cough syrups, usually containing an opiate. Ready made prescriptions means haphazard diagnosis. Routine therapeutics mean efficient therapeutics. Inaccuracy is the mother of medical scepticism.

Irritation of the respiratory tract, either direct or reflex, is always the cause of a cough. To allay this irritation is the proper treatment. The source of irritation then becomes the determining factor in selecting a remedy for cough.

Direct irritation of some part of the respiratory tract is the usual source of cough in pulmonary consumption. Laryngeal irritation is the most frequent. Very hot or very cold water cautiously sipped will often control the paroxysm. The sucking of ice is also good in certain cases. Turpentine vapor is also soothing. If the secretion is scanty and difficult to dislodge, ipecac will relieve. (Fl. ext. gtt. i-iv. every hour or two). Water is the best menstruum with glycerine enough to sweeten, add any agreeable flavoring; bitter almonds is the most generally accepted. If the bronchial secretion is profuse (with or without precordial oppression) Tr. Lobeliae, gtt. ii-x, exhibited the same way, will relieve.

Deep inhalation of a nebula from a solution of menthol in a bland petroleum oil is another efficacious remedy.

Rx—Menthol gr. xx.  
Benzoinol oz. ii.  
m. et ft sol.

Orthoform powder insufflated in the pharynx and larynx is very soothing—lasting sometimes twenty-four hours.

III. CONCLUSION. In no disease does the power to individualize cases count for more. Every available resource of the physician, mental, moral and physical, should be brought to bear to increase the vital resistance of the patient. Doctors and nurses as a class are not well posted in the details of handling tubercular cases. This adds to the mortality. If the blind lead the blind, assuredly both will fall into the ditch, for if the light be darkness, how great is that darkness.

Not only should a physician possess a fullness of knowledge of disease, but should, in his own personality, give tangible objectivity to that knowledge. The doctor should himself be healthful, hopeful, resourceful and persistent. There is a contagion of health as well as disease. The sickly doctor is surely handicapped in treating chronic diseases.

In seeking co-operation for sanitary measures, the danger of auto-infection, if properly presented to the patient, will be more effective than altruistic appeals for the public, in whom he has no interest. Selfishness is a stronger incentive to action than altruism, and much more universal in application.

Most cases of tuberculosis must be cared for at home. I be-

lieve with Dr. Phillips, the founder of the \*Edinburgh System: "In the solution of the tuberculosis problem a plan of supervised home relief must play a chief part; such relief must be well organized, and must be based on an accurate knowledge of the facts."

Notwithstanding all the terrible facts about tuberculosis, more people die of the degenerative or non-communicable diseases than of the communicable ones; and of the three million continually sick in this country, the majority are not without hope.

Finally, I have complied with your request for my experience in treating patients with pulmonary consumption. I hope it will encourage you to wage with determination and skill a relentless war against THE GREAT WHITE PLAGUE. It can be conquered. I have given you no theories, but have limited myself strictly to a detail of my own practice, and the principles that guided me.

My career as a general practitioner ended, as you know, in October, 1904. Since that time I have limited my practice to eye, ear, nose and throat work. My interest in general medicine, however, will end only with my life.

\*Edinburgh System.—1qt. Clinic with home inspection. 2nd, Isolation hospitals for incurables. 3rd, Sanatoria for incipients.

## OCULAR COMPLICATIONS OF CERTAIN CONSTITUTIONAL DISEASES

\*By M. O. DUMAS, M. D.

WASHINGTON, D. C.

Abnormal ocular manifestations are frequently associated with certain constitutional diseases. Very often the visual disturbances constitute the first diagnostic signs of some of the gravest systemic diseases.

Not infrequently in such a disease as albuminuria, the patient may not have complained or felt any symptom of disease. On noticing the visual defect, his first thought is of the optician, who, when consulted, vainly strives through his science of refraction to improve the vision, never dreaming of the serious pathological lesions that are primarily responsible for it.

Failing to find relief from glasses, patient is advised to consult an oculist. With the ophthalmoscope, the intra-ocular condition is soon determined.

Here and there on the retina, hemorrhagic areas may be observed. The visual defect is usually proportionate to the extent of extravasation.

The presence of retinal hemorrhage gives the oculist a most valuable diagnostic sign. His next concern is of the patient's general condition. Upon analysis of the urine, it will doubtless be found to contain a large per cent. of albumin.

Albuminuric retinitis is always a grave symptom. It usually denotes

advanced parenchymatous degeneration of the kidneys.

As soon as the diagnosis is made, rigid constitutional treatment should be instituted to prolong the patient's life. The regulation of diet, the use of such renal stimulants as will not prove injurious and the careful use of tonics are indicated.

Care should be taken not to administer such drugs as will tend to heighten the blood pressure, for in such cases, arterio-sclerosis is usually present and further and even more serious trouble may result.

Diabetes Mellitus has long been recognized a causative factor in the development of cataract which occasionally supervenes as a complication. This condition is more frequently observed in young adults, i. e., between the ages of 20 and 35 years. A young person with cataract, if it be not congenital or traumatic, should at once arouse our suspicion as to the presence of diabetes. A careful urinalysis, with special reference to sugar, should at once be made. There has been much speculation as to relation of diabetes to cataract. The theories are too numerous to mention.

Whether due to presence of sugar in, or abstraction of water from lens, or the cachexia incident to the disease, the fact is well established that diabetes is an etiological factor in this form of cataract.

\*Read at 13th Annual Session N. M. A., Hampton, Virginia, August, 1911.

Diabetic cataract occasionally disappears with the improvement in the patient's condition.

Syphilis has long been recognized as an etiological factor in many of the most serious diseases of the eye and its appendages. No part of the visual apparatus is exempt from its ravages. The changes wrought often result in irreparable damage to vision. Syphilitic affections of the eye may occur during any stage of the disease.

Chancre has been found upon the eyelids differing in no essentials from that usually found upon the genitals. It may affect either cutaneous or mucous surfaces. If upon the former it is not fraught with such grave consequences as when it affects the latter. Infection of this character is among the remotest of possibilities and therefore worthy of only passing notice. The treatment of the lesion is practically the same as for chancre on genitals.

Mucous patches are sometimes encountered on the conjunctiva. They may either be found on the ocular or palpebral surface. As a rule, they respond readily to mild astringent solutions of Zinc Sulphate or Silver Nitrate. Gummatous tumors sometimes develop in the eyelids during the tertiary stage of the disease. Care should be observed in differentiating this condition from chalazion. Operative procedure is hardly warranted in such cases as they respond readily to constitutional treatment.

Ptosis is frequently met with in syphilitics. This condition results from paralysis of the motor oculi,

which supplies the levator palpebrae superioris. There may, also, be paralysis of the rectus superior, rectus inferior and rectus internus, with resulting external strabismus, the eye being pulled towards the outer canthus by the external rectus which is governed by the abducens.

Sometimes only some of the branches of the motor oculi are involved.

We may have ptosis with or without paralysis of the recti muscles, or we may have paralysis of one or more of the recti muscles without involvement of the levator palpebrae superioris.

The Patheticus and the abducens are motor nerves of the eye and may also suffer from paralysis.

The superior oblique is supplied by the Patheticus. Paralysis of this muscle will be followed by imperfect rotation of the eyeball on its axis. If the abducens is involved, the eyeball is drawn inward on account of paralysis of the external rectus.

Care should be taken in differentiating congenital ptosis and that resulting from involvement of the 3rd nerve.

In the former, removal of redundant palpebral tissue will remedy the evil. Such procedure in ptosis, the result of a syphilitic lesion, is hardly warranted until rigid constitutional and local treatment has been given.

The application of the Faradic current has often done much to restore energy to the nerve. If the paralysis be the result of intracranial gumma, the iodides are indicated, as this

is usually a lesion of the tertiary stage.

The lachrymal apparatus is frequently involved in the syphilitic process. The gland may be the seat of the trouble or the lachrymo-nasal duct may become involved by extension from disease of the nose. Syphilis of the lachrymal gland is often associated with necrosis of the bones of the orbital cavity.

This is a most dangerous condition, owing to the fact that the various tunics of the eye and the optic nerve sooner or later become involved, resulting often in panophthalmitis and destruction of the eye.

If stenosis of lachrymo-nasal duct occur, constitutional and surgical treatment should be instituted to re-establish its patency. The judicious use of probes is usually followed by relief from annoying epiphora.

If there be complete occlusion of the duct, it is necessary to divide the stricture with a canaliculus knife and insert a style, which patient should wear until stenosis is corrected.

The choroid and retina are frequently involved in the syphilitic process.

Inflammations of these tunics are matters of grave import to the afflicted.

Choroiditis and retinitis are among the most dangerous of intra-ocular diseases.

During the progress of inflammation changes are likely to occur which speedily affect the acuity of vision and ultimately produce total blindness.

The choroid sometimes loses its pigment and becomes so thin that the white coat of the sclera is readily recognized in ophthalmoscopic examinations.

Exfoliations and other inflammatory debris are deposited in the vitreous humor, producing various kinds of visual aberration, such as specks, webs, fibers, flakes, etc., corresponding to the character of the deposit. When this process has advanced to a considerable extent, the vitreous shows unusual turbidity not unlike floating particles of leaves in muddy water.

With each movement of the eye, the debris is stirred up afresh and presents a different appearance to the observer. As a rule when the vitreous is turbid, the patient's vision is limited to light perception, or at best to seeing objects of large projection.

During the progress of choroiditis and retinitis, the external eye may not exhibit any evidence of pathological change.

Systemic and local treatment, if early inaugurated, will often result in restoration of sight. Clearing up the vitreous is, however, a very tedious process, and the patient should be so advised, as he is likely to imagine that he is deriving no benefit from the treatment.

The crystalline lens is the least vulnerable to syphilis, but it, too, frequently shows the imprint of the disease as a result of inflammatory changes in parts contiguous to it. Hence in inflammation of the iris, choroid and ciliary body, the integ-

urity of the lens is quite likely to suffer.

The lens from contact with the iris may have deposited upon it exudates, which if not absorbed, produce capsular cataract, or the nutrition of the lens may be so affected as to cause it to become calcified, resulting in complete opacity and blindness.

Opacities of the lens are not amenable to antisyphilitic treatment. If the opacity is small and occupies a position corresponding to the pupillary center, an iridectomy will suffice to restore vision, provided there is no disease of the inner tunics. Of course, the operation is never undertaken unless the patient has light perception. The absence of light perception denotes serious intraocular disease.

If the entire lens is opaque and it be not too firmly bound to the iris by adhesions, extraction is indicated. It is always well to advise the patient of the possibility of failure in such cases where synechia is present. The prognosis, at best, is not encouraging.

I recall to mind the case of a man who for twenty years had groped in darkness as a result of inflammatory cataract, following iritis. He had gone the rounds of the dispensaries, but no one seemed anxious to tackle his case. The late Dr. Belt and I held a consultation and finally operated, restoring a remarkable degree of vision in each eye. It was with some difficulty that the adhesions were broken up. We felt that, in the event of failure, his condition

could not possibly be worse than what it was.

It was a source of pleasure to meet this man, who always exhibited the keenest gratitude for what had been done for him.

We now come to the consideration of two of the most important diseases of the eye with syphilis as an exciting cause; viz., iritis and keratitis—the former characteristic of acquired syphilis, and the latter of inherited syphilis.

Iritis is the most common disease resulting from syphilis. It is usually among the concomitants of the secondary stage. It may antedate the eruption, co-exist with it or develop subsequent to it.

More than 50% of all cases of iritis are due to syphilis. It is not always an easy matter to determine the exact origin of iritis as its pathology is not essentially different from that form induced by a rheumatic diathesis or that of so-called idiopathic origin.

Many patients will deliberately tell an untruth rather than divulge the fact that they have a syphilitic history. It is hardly the part of wisdom for the physician to enter into any controversy about it, for it might cost him a patient and a good name. Reserve opinion and treat for syphilis, the results clear up all doubts. When iritis develops simultaneously with the eruption, it can safely be reckoned as being of syphilitic origin.

There may, however, develop certain changes which are pathognomonic of syphilis; viz., profuse plastic exudate, sometimes filling entire an-

terior chamber. It infiltrates the stroma of the iris and eventually makes deposits on the lens, producing adhesions. Sometimes distinct nodules varying in size from a mustard seed to a small English pea, will be found on the free border of the iris. These are gummatous developments.

Among the earliest symptoms of iritis are pain, photophobia, lachrymation, with hyperaemia of conjunctiva and sclera.

The pupil is small and hazy and does not respond to the stimulus of light. Vision is often limited to light perception only.

The iris tissue is altered in color and texture. A mydriatic will almost always clear up a doubtful diagnosis. One or two drops of a 1% solution of atropine will cause an irregular dilatation of the pupil, provided adhesion of iris to lens is not extensive. Under the influence of a mydriatic the pupil may assume the shape of a triangle, square, or any other plane geometrical figure, or it may be irregular in outline.

When adhesions are broken up, there remains on the lens capsule a small ring or dots of iris pigment, sometimes bits of iris tissue corresponding to the points of adhesion.

The aqueous humor occasionally becomes very turbid and abundant from accumulated debris, and may deepen the anterior chamber, by pushing back the iris and lens.

The debris frequently settles in the lower quadrant of the anterior chamber and forms that condition known as hypopyon.

Frequently, during the course of iritis, small deposits are found on the posterior surface of the cornea, constituting what is known as keratitis punctata. This condition also results from inflammation of the membrane of Descemet, the innermost corneal stratum. In cases where the free border of the iris becomes entirely adherent to the lens there is a strong likelihood of the development of secondary glaucoma. In this condition intra-ocular tension is increased and excavation or cupping of the optic disc occurs.

The increase of tension is due to disturbance of the normal current from the ciliary body around the lens, through the pupil into the canal of Schlemm.

There is, in short, a blocking up of the outflow.

Should this complication supervene, it is of paramount importance that an iridectomy be at once performed to relieve the tension, by permitting the escape of a portion of the aqueous humor.

Iritis may occur at any stage of life, but is most commonly met with in early adult life, between the ages of 20 and 40, because most cases of syphilis occur at this period of life.

The disease is uncommon in children except as a complication of keratitis, of which I shall later speak.

The prognosis in iritis depends upon the amount of mischief done when patient first comes under observation. If early treatment is instituted, it is favorable. If neglected, there is likelihood of occlusion

of pupil, reducing vision to light perception only.

The treatment of iritis should be both local and constitutional.

The attention should first be directed to effecting a dilatation of the pupil.

For this purpose there is no drug comparable to the sulphate of atropine. A 1% solution will prove satisfactory, as a rule. One or two drops, once or twice a day will bring about desired results. If synechia be extensive, a 3% solution may be used.

Care must be taken, lest toxic symptoms develop from the local use of atropine.

I have known of cases of retention of urine from the use of atropine in the eyes. The drug has a powerful action on the sphincter of the bladder even when used locally.

The weaker solutions repeated at shorter intervals are attended with good results.

Sometimes the alternate use of atropine and eserine will succeed admirably in breaking up adhesions.

Atropine should be continued at least two weeks after all inflammatory signs abate. If glaucoma develop, its use is contra-indicated. Eserine is preferable in such cases.

Hot or cold compresses should be used to abate the inflammation. Some patients tolerate heat and others cold.

Rigid confinement to a dark room is not desirable, as it tends to lower the vitality of an already debilitated system.

London smoked glasses or a suit-

able shade may be used to protect the eyes from the glaring lights.

I am a firm believer in the efficiency of constitutional treatment in iritis, despite the opinions of many eminent specialists to the contrary.

The judicious use of the iodide of potassium and mercurials has work-wonders in syphilitic processes.

The reason why failure has been encountered in many cases, is because we have too long ignored the chemistry of digestion.

A favorite time for the administration of drugs with the profession generally, is immediately after meals. We do it with the belief that they are more readily absorbed.

Of many drugs this may be true, but in the case of potassium iodide it is not. In the first place, during the process of digestion the stomach secretes HCL, which is necessary to digestion. If you add an alkali to this acid you neutralize it or impair its efficiency to such an extent as to retard digestion. Again, remembering the affinity of iodine and its products for starch, you can readily see the inexpediency in administering K. I. immediately after meals. Most people do not effect a thorough insalivation of their food before swallowing, so amylaceous material, in abundance, enters the stomach without being converted into the glucose. This effects the union with the iodine, producing the iodide of starch which defeats the purpose for which the drug was administered.

The best time to administer K. I. is about one hour after meals.

Begin with Gtt. X of a saturated

solution well diluted. Increase the dose from one to three drops daily until the limit of tolerance is reached. Due regard must be had to patient's digestion. If he complain of gastric distress, it is a signal to reduce the dose or discontinue it for a few days.

K. I. should also be supplemented by mercury in some form. I prefer the biniodide in doses of gr.  $\frac{1}{10}$  one hour before meals.

Tonic treatment must not be omitted.

Many obstinate cases yield readily when the antisyphilitic treatment is supplemented by tonics, among which the triple elixir and syrup of hypophosphites take front rank.

With the above treatment the majority of cases of iritis will yield in from two to six weeks.

With the advent of Salvarsan, our armamentarium for checking the ravages of syphilis has been greatly enhanced. In our enthusiasm over this agency, we should not be reckless and use it indiscriminately, for there are recorded instances in which total blindness has resulted from its use.

We now come to the subject of Keratitis.

Every practitioner is familiar with the pathetic spectacle often presented in the innocent little sufferer, with eyes closed and swollen, profuse lachrymation, excoriated cheeks from a constant stream of irritating tears, coupled with the efforts of a sympathetic mother to dry them.

Such a picture is the first objective evidence of nearly all cases of keratitis.

Upon pressing the lids apart a steamy cornea is seen with, here and there, dense opacities marking the mischief wrought by the disease.

The patient may have deformity of the nose, snuffles and fissured lips.

Upon examination of the teeth, they will be found deficient in contour—a marked departure from the normal in the incisors. They are sometimes peg-shaped and notched, sometimes markedly serrated or scooped out on triturating surfaces.

Cervical adenitis and other evidences of struma may be present, such is the imprint of a father's or mother's vice upon an innocent progeny.

That stringent laws should be made, regulating matrimony among syphilitics, is all too evident from woeful pictures presented in their offspring.

The damage resulting from inflammation of the cornea is often so extensive as to produce total blindness.

Blindness usually results from dense opacities over pupillary area or from secondary iritis with occlusion of pupil, due to extension of inflammation from cornea to iris.

The prognosis depends, as in iritis, upon the extent of damage done when the patient comes under observation.

As a rule, it requires from one to three months to effect a cure.

After the subsidence of all inflammation, the cornea may still remain hazy, the amount of haziness depending upon the extent the corneal tissue was damaged in the diseased process.

While this affection is ordinarily found among children, I have frequently seen cases in adults who showed unmistakable evidence of inherited syphilis.

As to the treatment, Fournier recommends that treatment be begun in utero, when it is known to the family physician that the father or mother has a syphilitic history. He urges that constitutional treatment should be given to the mother, even though she exhibits no evidence of the disease or has no history of it.

The dose should be small, as it is intended for the foetus and not the mother directly. If these advanced principles could be applied there would be relatively less of inherited syphilis to treat.

Unfortunately, when the physician is consulted, the patient is from one to seven years old and his system is thoroughly tinctured with syphilitic virus.

The treatment of keratitis, as in iritis, is both local and constitutional. Hot compresses, irrigations with warm boric acid solution, the application of the ointment of the yellow oxide of mercury once or twice a day will bring about splendid results.

Systemic treatment is very important. Nutritious regimen, cod-liver oil by stomach or inunction, syrup of the iodide of iron or syrup of the hydriodic acid should be faithfully used.

I do not favor the use of potassium

iodide in children under 12 years of age.

If in the course of disease, sight has been obliterated, as a result of opacity over the pupil and there is enough clear cornea left, an iridectomy will be followed by surprisingly good results. This, however, is never attempted until all inflammatory symptoms subside.

If the opacities be not too deep seated, they will fade out in course of time.

To facilitate this, the daily dusting of a small quantity of the mild chloride of mercury into the eyes will prove quite serviceable.

If, however, the patient has been under a long course of iodides, more harm than good will follow its use.

I recall to mind the case of an adult that came under my observation after she had had a long course of iodides. I was not aware that she had been taking K. I. I ordered the mild chloride with a view of clearing up the opacities. To my surprise I was summoned, post haste, to note the damage which my medicine had done. Both eyes were closed and swollen and chemosis was pronounced. I immediately ordered the discontinuance of the mild chloride. Hot boric acid solution was used and in the course of twenty-four hours the swelling had subsided and the patient was again comfortable. In such cases it is expedient to combat the iodism before using the mild chloride.

## INFANTILE GASTRO-ENTERITIS

\*BY E. P. ROBERTS, M. D.

NEW YORK CITY

Owing to the alarming death-rate of babies, Infantile Gastro-Enteritis is a disease of serious import. The first three months is the most dangerous period of a child's life. In New York City about five thousand babies die annually under one year from diarrhoeal diseases. Of these over three thousand die during the summer months. It is estimated that as many babies die under one year from diarrhoeal diseases alone, as from the following diseases combined: Acute respiratory diseases, contagious diseases; marasmus, convulsions and tuberculosis. In New York City 5,118 died in one year from diarrhoeal diseases; 5,128 from all diseases mentioned above. Out of the 16,213 babies under one year of age who died from all causes in New York City during 1910, one-third died before they were one month old.

Infantile Gastro-Enteritis is due to the excessive irritation of the gastric and intestinal mucosa by bacterial toxins, endotoxins, ptomaines, leucomains, etc. The specific cause of this disease cannot be attributed to any special bacterium.

The symptoms vary according to the location of the inflammation. If the small intestines are involved alone, the child becomes restless, fretful and feverish; vomiting and diarrhoea ensue. The stools in the

beginning are watery, greenish-yellow and often contain milk curds. Later on the stools become more frequent and turn from greenish-yellow to green. If there is no improvement, marked exhaustion and emaciation follow and the skin becomes cold and clammy. When the inflammation is in the ileum and colon, constituting Entero-Colitis, the abdomen is tense, swollen and tender along the course of the colon. The stools are not as copious as they are when the small intestines alone are involved and they contain a considerable amount of mucus and blood. If Peyer's patches and other intestinal glands are involved, the case frequently assumes a typhoid type.

### PATHOGENESIS

The causative factors are heat and humidity which favor putrefactive changes in ingested foods leading to the formation of poisons, food contamination by dust, flies etc., unsanitary surroundings, improper food and irregular feedings. Infantile Gastro-Enteritis is not frequently found in breast-fed babies, and when it is observed, seldom proves fatal. The appalling death-rate from this disease is due to the substitution of artificial foods, including cow's milk for mother's milk.

Physicians have traced the changes in breast feeding through nearly four

\*Read at 13th Annual Session N. M. A., Hampton, Virginia, August, 1911.

hundred years and have found that in each century the period of suckling has declined and the endeavor to find an ideal substitution for mother's milk augmented. It is recorded that artificial feeding was quite unknown until the time of the Hanoverian succession and even then the choice of food was limited to bread and water pap. The "suckling" bottle was invented in the 19th century. In artificially fed babies there is an increase in weight without a proportionate increase in strength and resistance. In a series of 718 fatal cases of infantile diarrhoea in Liverpool studied by Jones, the proportion of breast-fed infants was 4.2%. In Munich the general mortality of breast-fed infants is 15%. In New York City comparative statistics show that ten artificially fed infants die to one breast-fed. During the present summer I have treated 94 cases. 54 breast-fed and 40 artificially fed for the Health Department of New York City without a fatal case among the breast-fed.

It is an established scientific fact that the gastro-intestinal juices of infants are deficient in auto-antitoxin and that the mother's milk is aseptic and provides the auto-antitoxin for the infant; that the bactericidal and antitoxic substances are much less in cow's than in mother's milk, and that it is this immunizing lacteal auto-antitoxin that prevents the absorption of the intestinal poisons and infection of the alimentary tract. Welch states that it is an important function of the mother to transmit

to the suckling through her milk immunizing bodies, and that the infant's stomach has the capacity which is afterwards lost of absorbing these substances in an active state. The relative richness of the suckling's blood in protective antibodies as contrasted with the artificially fed infant, explains the greater freedom of the former from infectious diseases.

Many mothers give their infants bread, coffee, tea, beer, whiskey, pickles, hot corn, ice cream, cheese, ham, pork, fruits and colored candies. In the tenement districts of our cities about 12% of all infants are fed on condensed milk and patent foods which frequently cause gastro-enteritis. The lack of sufficient out-door air and proper clothing are also factors which should be mentioned. Food improper in amount or time of administration is another causative factor. Special attention should be paid to this fact during the summer months because babies digest less food in summer than winter. The food therefore, should be diminished in quantity and strength. While we must individualize our cases, it is fairly safe, if the baby is well, to give one ounce more than its age in months, i. e., one month 2 oz.; two months 3 oz.; three months 4 oz.; four months 5 oz.; nine months and over to one year 10 oz. Plain cow's milk cannot be properly digested by infants. It should be modified. Usually the following modification serves our purpose exceedingly well: One to three months, one part milk and

two parts barley water; three to six months, milk and barley water equal parts; six to nine months, two parts milk and one part barley water.

In brief, if we would diminish the too frequent occurrence of this disease, we must pay strict attention to the infant's nutrition from birth. In New York City as soon as the birth of a child is reported if the parents live in a congested tenement district, a nurse from the Health Department visits the home, obtains the child's history and advises the mother how to properly care for the child. If the baby is *sick, puny* or *delicate* the nurse revisits the case about every ten days and gives necessary instruction. "Little Mother's Leagues" are formed in the public schools, and girls twelve years and over are invited to join. The members are taught how to properly care for breast-fed and artificially-fed babies. Thousands of lives have been saved by this campaign of education in a comparatively short time. The future is bright and promises greater results along this line of preventative medicine.

#### TREATMENT

When a baby is taken ill with gastro-enteritis, the mother should immediately send for a doctor. As physicians, our first effort should be to destroy the pathogenic bacteria both in the alimentary tract and blood. Castor-oil, two teaspoonfuls should be given as an eliminant; it removes the exogenous pathogenic matter, stimulates the secretory activity of the intestinal mucosa and increases the bacteriolytic effect of

the auto-antitoxin. Calomel is the best drug we have at our command in these cases. It should be given as soon as the castor-oil has acted effectively. I always prescribe twenty tablets,  $\frac{1}{20}$  of a grain each, one tablet every thirty minutes until one grain has been taken. Then two teaspoonfuls of castor-oil are given and 5 minims of castor-oil every 3 or 4 hours thereafter until complete recovery. The secretory activity is more powerful and more lasting than that obtained from the effect of castor-oil. I never use salol, bismuth subnitrate, resorcin, benzol-naphthol, etc. They do more harm than good. They irritate the intestinal tract without exerting any antiseptic effect. When the stools are profuse and very frequent, the child's system rapidly becomes depleted of fluids and alkaline salts; the migration of the phagocytes to the seat of the inflammation is impeded and as a result the child becomes moribund. This condition should be anticipated and prevented if possible by giving a normal saline irrigation. This solution should be given daily at a temperature of 101 degrees F., until the copious discharges cease and once or twice afterwards. I use an infant syringe and a rubber catheter in preference to the fountain syringe. By this method the flow of the solution can be better regulated. When it is not retained it should be given subcutaneously. Saline solution is our best substitute for blood serum. It helps to equalize the circulation and stimulates the nervous system. Now and then, after we have done all so

far suggested, we will find cases in which the serous flux still exists. In these cases small doses,  $\frac{1}{100}$  or  $\frac{1}{200}$  of a grain of morphia. sulph., will produce contraction of the intestinal arterioles and check this condition.

Proper diet plays a most important part in the treatment of Infantile Gastro-Enteritis. It matters not if the infant be breast-fed or artificially-fed, not one drop of milk should be given. Give barley or boiled water and wait until vomiting and diarrhoea cease before you give milk. Many physicians are too anxious to put the child back on milk. A child can live several days on barley and albumen water without any serious results. If the child is breast-fed when it is allowed to nurse again, the normal length of time for the child to remain at the breast should be reduced or the length of time between the feedings increased. If the child is artificially fed, first give it a weak solution, one part milk, four or five parts barley or boiled water and then gradually increase the proportion of milk as the case requires. I never use antipyretics to combat hyperpyrexia in these cases. I rely on the tub and sponge baths. Many of the parents who act in the capacity of a nurse, are mentally obtuse, incapable of attention and concentration; our advice therefore, is seldom fully comprehended. If we would successfully treat this disease, we must see to it that our orders are strictly executed.

#### PROPHYLACTIC MEASURES WHICH PARENTS SHOULD ADOPT

Nurse the baby from the breast. If for any reason the milk is deficient in quantity or quality, con-

sult your family physician before you give baby artificial food. Cow's milk should always be pasteurized or sterilized before you give it to the baby. The proportion of milk to barley or boiled water, the quantity of sugar of milk, the amount to be given at each feeding and the number of feedings in 24 hours should be prescribed by your family physician. Babies under 6 months of age should have nothing but milk and boiled water. After 6 months meat and orange juices in addition to the milk and water. After 9 months mashed white potatoes, mashed carrots, soft boiled eggs, corn meal porridge and farina with milk and sugar and a little butter. Under one year of age no solid food should be given. The bottles, nipples and every utensil used in the preparation of the baby's food should be scrupulously clean. Its wearing apparel and bed clothes should be kept absolutely clean. Baby should be properly bathed every day. Don't masticate baby's food and take your finger and put it in the baby's mouth. Don't put the nipple on the milk bottle in your mouth in order to determine the temperature of the milk. Your baby may become infected with germs of tuberculosis, diphtheria, scarlet fever or the germs of some other disease. Don't give baby paregoric or any "soothing syrup." Don't nurse the baby and then shake it up and down in your arms or rock it in the cradle. It interferes with proper digestion. For the same reason, don't bathe baby just before or immediately after feeding. Don't wait until the baby is practically dead before you send for a doctor.

## NEURASTHENIA: ITS ETIOLOGY, DIAGNOSIS AND TREATMENT

\*By J. A. ROBINSON, M. D.

DARLINGTON, S. C.

Gentlemen of the National Medical Association:—

In presenting this paper I do not claim to bring any new condition to your notice, but would rather call attention to an old condition embracing symptoms that are now beginning, on account of the increasing number of its victims, to be regarded as the beginning of a moral, intellectual and physical degeneracy.

You will doubtless recall a book published about twenty-six or twenty-seven years ago by Dr. Josiah Strong, then secretary of the Evangelical Alliance of the United States, entitled, "Our Country, its Possible Future and its Present Crises." During the discussion of the perils which overhang us as a people, he quotes the late Dr. Beard, the celebrated New York neurologist, regarding the growing condition of nervous prostration, in other words, nervous prostration or neurasthenia, a term given the condition by Dr. Beard who indeed was the first observer to accurately describe, define and name the condition.

Years have passed since Dr. Beard recognized the conditions and pronounced his opinions, and we have today, what then was a plausible theory, a well founded clinical fact.

I have no doubt that each of you gentlemen has been called upon to

treat, and may now have under your treatment, well defined cases of neurasthenia which have been diagnosed as hypochondriasis, lithaemia or some other condition denoting the absence of structural change, by which I mean no pathological changes in the organs.

An impression that circumscribed my observation for quite a while and interfered with my diagnosis was one based on the theory that only the highly nervous or those doing work of a highly intellectual nature, requiring much attention to technique, were or could become victims of neurasthenia, and others applying for relief of symptoms simulating those of neurasthenia must receive another diagnosis and be treated for some condition other than neurasthenia. However, a closer observation and investigation of the subject have convinced me that neurasthenia affects all classes, the members of whom are not phlegmatic enough to resist the increasing destruction of nerve force in excess of its production.

Of course we have modifications in the symptoms produced in each individual. Some presenting nearly all, and others only a portion, some one portion, others another, some a portion at one time, some with the fullest intensity, others moderately,

\*Read at 13th Annual Session N. M. A., Hampton, Virginia, August, 1911.

yet all presenting enough to positively stamp them as neurasthenics and demand treatment for that disorder.

Before proceeding further I will however call attention to a condition that has simulated neurasthenia to the extent of misleading practitioners and still continues to do so, and that is lithaemia. In both conditions we have similar symptoms, but dissimilar causes. However, I may state before I attempt to differentiate that lithaemia might co-exist with neurasthenia which establishes another obstruction to diagnosis and compels close and persistent observation to establish correctness in diagnosis.

The subject of lithaemia receives so much attention nowadays on account of its connection with the uric acid diathesis that each mail brings you literature on the subject, and the Journal of the American Medical Association, a few years ago, published a series of articles on "The Truth and Poetry of Uric Acid," which has probably been read by you.

We know of the presence of uric acid in the system and of the symptoms it presents when in excess of the normal amount of the necessity of its elimination in order that normal metabolism will not be interfered with. I shall not attempt to detain you long upon a subject with which the manufacturers of anti-uric acid preparations have familiarized you. Suffice to say that an excessive amount of uric acid formed and retained in the system, circulating through and with the blood,

reaching and affecting every tissue must of necessity unbalance the cerebro-spinal and sympathetic systems, and as a result we must expect every organ to show its poisonous effect in and through the abnormal performance of function. The brain is clouded and lacks concentration, the joints ache, the digestion is imperfect, the complexion becomes dull, the heart irritable, the liver and kidneys no longer perform their functions normally, general lassitude takes hold of the system and you have a pitiable condition seeking relief.

This is a description of the general symptoms each of which is capable of an exhaustive analysis familiar to every practitioner.

Now the question arises, how shall we distinguish this condition from neurasthenia per se, if the symptoms of each bear so close a resemblance one to the other, and is not a mistaken diagnosis possible and excusable?

Certainly it is possible, but if the physician is a close observer and persistently examines his patient, he will soon arrive at the real condition and then he will be in a position to relieve his suffering patient.

The first points in determining your diagnosis to which I would call your attention, are the conditions of life surrounding your patient, i. e., his vocation, his hygienic conditions or surroundings, his dietetics, whether his surroundings, under ordinary conditions and circumstances would stamp him as phlegmatic or nervous, then take the history of the

trouble, have him unburden his complaint and after hearing his story question him closely on lines that would tend to bring out anything concealed intentionally or otherwise, and you will be in position to say at least, whether the symptoms are produced by a failure to maintain compensation between the production and destruction of nerve force which might class your patient as a neurasthenic, or whether they are produced by a clogged condition of the system made possible by the retention of material that should have been eliminated, but which remaining caused auto-intoxication, thereby producing the various phenomena familiar to you as the temporary poisoning of the nervous system. Yet bear in mind the two conditions might co-exist.

You might say that an intelligent history is often hard to get from some patients, and I would tell you right here that I consider that a presumptive point in favor of lithaemia, neurasthenics being, as a rule, clear minded and intelligent, especially those in which the spinal system (mylesthenea) is more affected. However, in some advanced cases where the cerebral symptoms (cerebrasthenia) predominate intelligence or, at least, concentration of the mind on any one subject is so broken or destroyed that you may get them, only with difficulty, to give you a clear description of their case.

Another point that will help you to clear up your diagnosis is to closely question their diet. I am aware, however, that in this day of food

adulteration it is almost impossible for even the magnate's table to afford pure food stuff because the manufacturers do not make it.

I was puzzled for quite a while because of the increase of cases with well marked nervous phenomena among the farming class of folks for whom I practice; observing in each case an exaggerated amount of nervous dyspepsia which was in strong contrast to the physical and mental condition we should expect as the result of fresh air, pure water and plain diet added to healthful, physical exercise we meet on the farm, and not until I turned my attention to the poor quality of the imported "white meat" that has so largely supplanted "home-made meat" and the increase in the consumption of fish, the "Florida mullet" which is frequently shipped in a decaying condition, protected from smelling by packing in ice and then kept day after day exposed to the influences that hasten decay, did I recognize the principal factors responsible for the conditions, so common, of auto-intoxication with its train of distressing conditions constituting lithaemia and if not checked resolving itself into *true neurasthenia*.

I suppose such conditions obtain to a greater or less extent in all communities where health laws are lax, and I would suggest in view of the great dangers and absolute amount of harm done that as physicians, in the interest of humanity, we should aid in the passage of laws that might modify if not entirely correct this great and growing evil which

threatens us with absolute and premature decay.

Now if there exists further doubt as to diagnosis, I would suggest that before the neurasthenic treatment is commenced you put your patient on anti-lithaemic treatment and watch the response. First clear his system with calomel, podophyllin, colocynth and soda. On the second day put him on sodium phosphate, grs. 15, combined with a little cascara, grs. 8; senna, grs. 10; dandelion, grs. 5, or mandrake, grs. 3 to dr. 1, this to be taken in solution with 50% lactated or elix of lacto-peptin. The rationale of this combination will strike you at once when you consider the individual action of each drug and the amount contained in each dose when I tell you that I make an 8-ounce mixture and give a tablespoonful dose in a tea-cup of very hot water 3 times a day  $\frac{1}{2}$  hour before each meal. After each meal I give a combination of nux vomica, muriatic acid dilute, calumba and pepsin in doses to suit the individual case.

I am aware that such preparations as thiallion and its imitations of lithia salts have been highly recommended, but basing my practice and treatment on the theory that sodium phosphate will dissolve and hold more uric acid in solution and eliminate it during its diuretic action, I am compelled to place it first in the treatment of lithaemia. Of course the diet must be restricted to meet the conditions, and if your patient is suffering simply from lithaemia, the results of your treatment will be brilliant indeed, for you will have opened a

system clogged with poison and allowed nature a chance to restore the patient to a normal condition and in a comparatively short time. On the other hand if your patient does not improve but seems to grow weaker, I do not mean anaemic, appetite still capricious, for neurasthenics are often robust in appearance, his sleep is still too light or profound and not restful, his digestion still bad or but slightly improved he continues to have hot flushes followed by sweating, his extremities grow cold suddenly, his heart palpitates, face becomes pale or ashen by turns, tires very quickly, complains of impotence and tells you he does not think he is old enough for that condition to obtain, he cannot concentrate his mind on any particular thing and feels that he "must die of it" and above all complains of a variable degree of absolute pruritus characterized by itching, either general or local, sometimes mild, sometimes intense, sometimes absent and without the least sign of any lesion, mark me, you have a case of absolute neurasthenia on hand, you can cure him, but your task will task your psychology more than pathology, dosology or physiology.

Before I proceed to treatment I must stop and briefly differentiate this condition from a few of the organic lesions which are most likely to be mistaken for it.

First, we may mention incipient ataxia, but the lancinating pains, disorders of sensation, the iron band sensation, the ocular symptoms and the increased galvanic excitability

will enable you to differentiate it from neurasthenia.

Myelitis has symptoms in common with neurasthenia, but the paralysis will distinguish it from that malady. Spinal caries simulates it, but the pain on motion, the angular curvature and traumatic history of the condition will distinguish it.

Syphilis in its nervous form may mislead, but the history of syphilis and the presence of pruritus, the evidences of secondary lesion, primary chancre, etc., will distinguish it.

Pellagra with its many symptoms of nervous origin may mislead until the intense salivation and discolorations appear.

Throughout this paper I have stated or implied that we have an absolutely functional condition with which to deal, and possibly a review of the etiological factors preceding treatment would be permissible.

The best authorities find it more frequent in men than women and most frequent among those of a neurotic tendency which our observations bear out. The exciting causes, sexual excess, masturbation, excessive mental labor, late hours, long continued emotional disturbances of any kind, insomnia, excessive use of tobacco or alcohol, and according to Rosenthal, "The prolonged action of these exciting causes producing irritability of the medullary and vaso-motor centres and thus the vascular equilibrium of the cord is lost."

When we pronounce this condition an absolute neurosis, a purely

functional trouble and make a prognosis of recovery with much time and appropriate treatment we are not forgetful of the theory that continuous functional disturbance of an organ leads to organic trouble, but the symptoms of neurasthenia are functional as regards the organs it affects, it does not continuously affect the same organ, but moves from one to the other, today the heart, tomorrow the stomach, next day the back, etc.

Now, to the treatment: First determine whether you have a case of neurasthenia or not, and if you conclude that you have, try and get the entire confidence of your patient; tell him, assure him that he is not incurable, but that it will take some time to effect a cure. Impress upon him that he has no organic lesion and that though he will have relapses he will find general improvement of a steady character, that he must divest himself of any work or condition of a mental nature that tends to worry him and to firmly believe that he is going to get well. These directions are to the patient, to us however, remains the more important task of having him adhere to them and especially are we taxed when we remember that each case of neurasthenia must be treated not as though it was amenable to any general treatment, but that each case is unique in itself, yet distinctly neurasthenic; in fact, you must study the individual well and however carefully you have examined him, at first you will be surprised to find new conditions at subsequent consulta-

tions. You will be pleased to note how readily your patient accepts your diagnosis and you may even observe how lifted up he becomes when you tell him he has no heart disease or kidney trouble or asthma, nor incipient insanity nor rheumatism, and assure him that he will be cured and that his terrible itching at times, is only a symptom.

He is ready, of course, to begin treatment and may even become so recklessly gay as to pay you your fee and crack a joke and you will feel, if your experience has been limited among this class of patients, that you have him well in hand when within the week back he comes, dejected, discouraged, telling you that he is no better and asking you to re-examine him and see if you are not mistaken and if there is not something really wrong with his heart or some other organ that troubles him, your work must be done over and your second assurance will re-establish confidence to some extent and so on.

As long as your patient does have relapses which, unfortunately, he does and must, so long must you be prepared to reassure him that he must

"Fear not each bound, fear not each  
shock

"Tis of the wave and not the rock."

And if you are strategic enough to keep him from his thoughts and pro-

tect him from the suggestions of a now abnormal intellect by some new Arabian Nights story in the course of time your cure will be established as complete as it is possible to make it.

Now, a word as to exercise, you must not prescribe it in all cases, as some do better with the rest treatment, and you must not prescribe rest in every case because the patient tells you he feels tired all the time, for by so doing you will make a mistake.

Remember that exercise means the lifting up and down of the finger as well as running a mile as hard as you can, and rest means a slow walk or ride as well as lying in bed motionless. Your judgment must decide after a close study of the case.

Bathing is extremely beneficial in all cases and the cold douche followed by a brisk rub is exceedingly beneficial to the nervous system. The underclothing should be changed at least three times a week and not slept in, and the wearing apparel should be warm always. Horseback riding will aid the robust and those not suffering from the urinary disorders. In short, any exercise within the fatigue limit will be beneficial. Diet must be so regulated as to combat the tendency to constipation and of exceedingly nutritious and easily digested kind—sweet, rich milk and cream will be benefi-

cial if it can be endured. Light wines and a little whiskey at meal times will be helpful.

For flatulence and other concomitant symptoms of indigestion the anti-ferments and taka-diastase, especially in the liquid form, will be valuable adjuncts, also calomel in small doses will be valuable for intestinal anti-sepsis.

The best preparation of the glycerophosphates I recommend to be pushed from a teaspoonful to a tablespoonful 3 times a day. Gudes pepto mangan I also recommend. The fluid extract of ergot has a splendid effect on the sympathetic system. Cannabis indica has a surprising effect in some cases, though not understood, and especially in those cases with marked pruritus. Aperient waters and cascara for the bowels are indispensable. Nitroglycerine, digitalis and their synergists for the heart. Trional and sulfonal for insomnia. Carbolic acid in solution locally for pruritus. Electricity and the Neuron theory I leave for the discussion and those able to speak from experience. And again I think that more attention should be paid to the various forms of nervousness that break out in the form of crime against society and have for their starting point the growing restlessness of this 20th century Western civilization which makes the luxu-

ries of yesterday the necessities of today.

The same civilization which is robbing the farm of the youth full of morals and physical health through yellow journalism, publishing how the multi-millionaires of the great cities left the farm barefoot boys, sought the cities and found wealth. What power is wealth! God-like in its omnipotence and omnipresence, and thus the poor deluded boy of the farm breathing God's fresh air loses interest in his Christian home and loving mother and goes to the call of the siren of the treacherous Lurley heights.

Stop this neurasthenic tendency and we might develop fewer millionaires, but think of the millions of lives that will know happiness. Let us have civilization, but not at the expense of the physical, moral and spiritual. And when this is done our jails will not be overtaxed to hold the criminal as they are today. And when the profession teaches the laity what neurasthenia does to augment crime and jurors become intelligent enough to so appreciate your efforts and intelligently differentiate between the criminal per se—, and the neurasthenic, they will recommend the sanitarium rather than the penitentiary or gallows, and the first step in an exceedingly necessary reform will have begun.

## PELLAGRA

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Mr. President and Members of the National Medical Association, Ladies and Gentlemen:

In presenting this subject to you for your consideration, I do so in the spirit of arousing in you an interest and contributing to the study of a disease, which, while now a stranger to most of us, may soon be a frequent knocker at our doors.

Pellagra is becoming so prevalent in the Southern States, where a majority of us live and practice our profession, that we owe it to our patients as well as ourselves to secure the best data available upon this subject that we might combat it *successfully* when it comes in our pathway.

Then, too, the public press as well as current medical literature is almost daily reporting its ravages, that laymen are even becoming anxious and seeking information of us, of this so-called New Disease.

Pellagra, also known as Elephantiasis Italica, is a constitutional afebrile affection, manifesting itself by organic changes and functional disturbances of the brain, spinal cord, and alimentary tract, and having a characteristic eruption of the skin.

It may be acute or chronic, endemic, epidemic or sporadic, occurring periodically and is neither contagious nor communicable.

## HISTORY

While some authorities claim that Pellagra was recognized as early as

1600 among the North American Indians, yet our most reliable writings date from 1765 when Casal, an eminent Spanish physician, made known his observations on this dreaded malady; a few years later Frapoli, one of the distinguished medical men of Italy, after some extended studies of this disease, named it from the two Italian words "pelle"—skin, and "agra"—rough. Much valued information comes to us from the writings of our own Dr. Lavinder of the Public Health and United States Marine Hospital Service, who was detailed by that department and sent to Italy several months ago to make further researches as to this disease; and last, but by no means least, are the consular reports of Cutting, who although a layman, was an intelligent and careful observer and made some valuable contributions to the study of this disease.

## AREA

The area of Pellagra was rather circumscribed for years, being confined to Northern Italy, Southern France, Spain, Portugal, and Roumania; but with the growth of commerce, the interchange of imports and exports the increase in immigration and emigration, Pellagra began to show itself in other parts of Europe, Asia, Africa, the Tropics, and finally the United States. And may we not expect in these days of

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ocean greyhounds, globe trotters and international marriages to meet this and many other endemic diseases in any land and in any clime which clearly demonstrates that the term "geography of disease" is fast losing its former significance.

#### SYMPTOMATOLOGY

The initial symptoms of Pellagra are lassitude, vertigo, burning sensations in the mouth, stomach and small part of the back, loss of appetite, coated tongue, diarrhoea, anaemia, the eyes and skin sometimes having a jaundiced hue, muscular weakness of the lower extremities and a loss of memory, all of these symptoms become intensified as time passes.

The eruption is found on the parts exposed to the sun, the face, neck and hands and upon the feet and legs of those who live in the Tropics that go barefooted and barelegged.

This erythematous eruption is preceded immediately by an intense itching and burning, the skin presents a scaly and wrinkled appearance and feels thick and leathery as in Elephantiasis, but not having the hypertrophy of the subcutaneous tissues present in that disease.

The symptoms may occur in three definite stages or they may run one into the other and having such a rapid course that death will supervene in a few weeks.

When the disease runs its usual chronic course in the first stage we have the mildest symptoms.

In the second stage the inflammation of the mouth and the skin

changes to ulcerations, the tongue becomes denuded, the diarrhoea becomes persistent and uncontrollable, the anaemia progressive, emaciation marked, mental condition alarming and great loss of strength; in the third stage the disordered appetite turns to a refusal of food, the muscular weakness to a paralysis, mental depression to insanity of the melancholic, rather than the manic type; there is great loss of weight and extreme prostration; death closing the scene.

In the mild cases the primary symptoms ameliorate with the end of summer only to recur more pronounced the following spring, thereby asserting the periodicity of this disease.

#### ETIOLOGY

The cause of Pellagra has not as yet been satisfactorily demonstrated. Microscopic examination of the urine and blood and post-mortems held, have failed to reveal anything definite.

Some have claimed the sand fly a causative agent, others that it is due to a specific germ and still others (mostly French) deny that it is even a distinct disease, but rather a type of Leprosy, but the consensus of opinion of a majority of those who have made investigations is that it is due to the eating of food made from corn that has been improperly cured.

It was Marzari, who in 1810 first directed attention to the relation between Pellagra and spoiled maize and in 1844 after careful researches Balardini advanced his theory (verdet) as to musty corn being the

excitant cause of Pellagra, and later Lombroso, a contemporary, confirmed this view.

It is a matter of fact in pellagrous countries that a large part of the corn crop is gathered before it is matured and stored in damp places wherein the fungi or mould find rapid development upon the grain.

Climate, race or sex seem to exert no special influence, while heat, the sun, and the seasons (spring and summer) act as predisposing causes.

Most observers note that it occurs chiefly in young adults and that it is largely a disease of the poor in pellagrous districts, doubtless due to the fact that corn is their main article of diet and that the worst of the crop is kept for home consumption while the best is shipped to the market.

Anent the question of corn being the cause of Pellagra, it would possibly be interesting to quote just here from the last report of the Department of Agriculture of the United States as to the production of corn for 1910 which shows that the quantity has increased while the quality decreased. There were 2,767,316,000 bushels as against 2,668,651,000 bushels for 1909, while the quality of the product for 1910 was 84.2 against 86.9 for 1909, the average weight per bushel being 58 pounds in 1910, 59.3 for 1909.

Kentucky showed the largest production actually (103,472,000 bushels), and per acre (29 bushels); Alabama the smallest per acre, 13.5 bushels; South Carolina the smallest actual production, 37,041,000 bushels.

Georgia the best in quality 91% and Mississippi the poorest in quality 76%, and it is gratifying to learn that this phase of the question was thoroughly discussed at the last meeting of the National Association for the Study and Prevention of Pellagra held at Columbia, South Carolina, and the farmers of the several Southern States were urged to see that their corn had reached its maturity before gathered from the stalk, that a greater care be taken as to building proper warehouses in which to store it and an official inspection be had before sale.

#### PROGNOSIS

While some cases in which the symptoms were mild have recovered, yet the prognosis should always be regarded as grave.

Differential diagnosis would be from acute Myelitis, Mercurial poisoning, Gastro-enteritis, Syphilis, Beri Beri and Eczema; but the history of the patient, the periodicity, the characteristic eruption, the cerebral and gastric disturbances and the absence of fever will usually clear up the diagnosis.

#### CASES

While American Consul at Guadeloupe, French West India, I had the opportunity (through the courtesy of medical colleagues) to see my first cases of Pellagra.

They were two (2) Italian sailors aboard a merchant vessel from Marseilles which was in port to discharge a cargo of pottery.

They had been previously attacked and the disease was beginning to show itself as the spring of the year approached.

They both had the classical symptoms of the disease, the muscular weakness of the legs in one, developed so rapidly that he soon became helpless and was taken to the local hospital where all the symptoms became aggravated and he died in a few weeks, and the other was taken to the asylum on account of his mental condition, he having become a hopeless imbecile.

Prior to my seeing these two cases the diagnosis of which I feel certain, I had seen in asylums at the English Island Antigua and the town of Basse-Terre, Guadeloupe, a goodly number of inmates with the characteristic eruption of this disease and after seeing the two cases in point, I felt sure that the inmates above referred to were Pellagrians and I firmly believe that instead of Pellagra breaking out of the insane asylums as we often see reported in our journals that they were really cases of Pellagra, unrecognized when sent there.

#### PELLAGRA IN THE UNITED STATES

While the preponderance of cases is largely from the South, yet Pellagra has occurred in one instance as an epidemic in Northern Illinois, and sporadically in several Northern States. The first case of Pellagra in the United States reported by reliable authority was by Dr. Gray of Utica, N. Y., in 1864 and nothing further for nearly fifty years was observed when a case from the state of Georgia in 1902, was reported. Since then others have been reported from time to time from that state. Among them were

two patients who claimed they had never eaten corn meal. Alabama had her first case in 1907, Texas, South Carolina, Mississippi, Louisiana and Virginia all had the disease in a more or less virulent form in 1908.

Statistics for the past year give Alabama about 100 cases of which 65% died; 75% of which were habitual users of corn meal; 60% of the patients were Negroes and 25% of the cases were found in the asylums.

South Carolina reports 75 cases with a high mortality. A large per cent. of these cases were among children, and equally divided between whites and blacks.

Dr. Sam, the U. S. Marine Hospital Surgeon, stationed at Charleston, believes that the disease has existed for many years in Charleston and vicinity, it having been diagnosed mistakenly as dysentery, typhoid fever, intestinal tuberculosis and eczema.

Mississippi had 208 cases, 9 deaths, 68 of which were in the state institutions for the insane.

Maryland has had but few cases, the first last March, a white man of 69 years; he was treated at the Mercy Hospital, Baltimore, and improved rapidly.

Tennessee reports are meagre, most of the cases were of the acute variety, the patients dying in a few months.

North Carolina has had a large number of cases, 40% of which occurred in the State Hospitals for the Insane. Durham, North Carolina, seemed to have been visited by an epidemic of Pellagra, 10 deaths hav-

ing occurred there and in its immediate vicinity in a few months, 65% of these were among women, the feature in these cases was, none could be traced to the eating of corn meal.

Raleigh, North Carolina, has recently been the scene of almost an epidemic of Pellagra; six deaths having occurred in as many weeks and eleven cases reported in the same short space of time.

Drs. Wood and Bellamy of Wilmington deserve special mention for their contributions on Pellagra that have occurred in their state.

#### VIRGINIA

Virginia too has had her share of Pellagra, nearly all sections of the state have reported cases suffering from this malady. There were 62 cases not including those in state institutions.

56 were white.....	10 colored
48 females.....	18 males
1 age 5 years	
1 " 15 "	
15 between 20 and 30 years	
24 " 30 "	40 "
17 " 40 "	50 "
4 " 50 "	60 "
2 " 60 "	70 "

Fifty (50)% of these cases died, about half of which died during the first attack.

All of the insane asylums had inmates that were affected.

Dr. Drewery, Superintendent of the Central State Hospital for persons of color at Petersburg, had about twenty-five (25) cases; the Eastern State Hospital at Williamsburg, the Western State Hospital at Staunton and the South Western State Hospital at Marion, all for white insane, reported quite a few cases.

In the city of Norfolk we have had ten (10) deaths four of which occurred within two months.

The first case was that of a young white woman of Berkley ward. She was in extremis when the diagnosis was made and died shortly thereafter.

The second was that of a middle aged colored woman. She had been ill for six (6) months in which time she was under the care of two physicians at different times, the first of whom diagnosed her case as mercurial poisoning; the last one recognized the disease but all of his efforts to relieve her were futile.

The third patient was that of a young white woman employed as a stenographer. She had been previously attacked by the disease in June, 1910, at which time her physician diagnosed her ailment as typhoid fever; as the cool weather approached the symptoms abated and as she and her physician thought she was cured; but early in the spring of 1911, she returned to the physician

complaining of languor and displaying an eruption on her face and hands. Her physician then got suspicious and called in three consultants at different times, all of whom finally agreed that it was a well developed case of Pellagra for which unfortunately they had neither palliative nor curative treatment.

The fourth was that of a white woman, married, and 31 years of age; the disease ran a rapid course with her, death coming to her relief in about four weeks.

The fifth was that of a man, aged 59 years, white, and by occupation a railroad foreman; he lingered with the disease for ten months, finally yielding to the inevitable.

The sixth case was a female, a clerk, white, and 19 years of age; the disease had made fearful inroads upon her system when she sought a physician's care, the stomatitis was severe and ptyalism profuse, the eruption being upon the hands and very pronounced about the anal region, the patient presenting about the picture seen in a light colored child when the mother says "the thrash has gone through my child, doctor." The disease was progressive and the patient died in about six weeks from starvation.

One of our confreres, Dr. Elliot, had two cases a short while ago.

Both were young females; the eruption in these cases was upon the dorsum of the hands, the wrists, the webs of the fingers and pubes. The stomatitis was extensive, ptyalism severe and ulcerations very painful; death proved a great relief.

Just a few days ago, I saw in consultation with another of our confreres, Dr. France of Portsmouth, two cases, one that of a woman past menopause, whose previous history shows an attack of gastric ulcer. At present she has occasional attacks of diarrhoea and vomiting, the eruption is upon the dorsal surface of the fingers, hands and wrists, there is mental depression and physical sluggishness.

The last case is that of a man 44 years of age, previous history showing an attack of mania which was sufficiently aggravated to necessitate his confinement in the asylum; but after treatment there for three months, he improved sufficiently to be discharged; last spring, however, the eruption reappeared, so did the other symptoms and the patient now manifests a spirit of indifference to his surroundings and there is general malaise.

We have decided to treat one with Atoxyl and the other upon hexamethylenamine and hope to report progress at an early date.

## TREATMENT

The theory long since acknowledged that "Prevention is better than cure" is more sane than ingenious in medicine, and our prophylactic treatment—that of preventing the use of spoiled corn as a food—is a potent factor here. Till now the treatment has been purely symptomatic, Ferrum and Strychnia, a nourishing diet, and a local application for the eruption, is the usual line of treatment. Transfusion of blood has been highly recommended as has also atoxyl, but the most encouraging reports come from the use of hexamethylenamine in the hands of Dr. Beverly R. Tucker, a distinguished practitioner of Richmond, Va., who in a series of cases, has gotten excellent results.

With our present knowledge of the disease, the treatment, *per se*, is not what most concerns us, but a more accurate proof as to its pathology and etiology, hence, our treatment is empirical rather than rational.

But with the Rockefeller and Carnegie millions at our disposal, pure food laws to aid us, commissions appointed by the State and Federal Government to study the disease, the inoculation of animals with the blood of Pellagrians at Pasteur Institutes and the blood of pellagrous victims being analyzed at

Johns Hopkins and other hospitals, may we not soon realize our fondest hopes; such was the result in malaria, such was the result in smallpox and such was the result in diphtheria, all of which have long since lost their terror and mysticism.

In conclusion (while we await the report of the specialist now engaged in isolating a more definite causeology of pellagra), I desire to urge upon you the necessity of being on the *qui vive*, so as to let no case pass you unrecognized, and to call your attention to the prevalence and mortality in certain localities in a given state, *e. g.*, Butler and Clark Counties, Alabama; Lauderdale County, Mississippi; Durham and Wake Counties, North Carolina. I have attempted herewith to give you a comprehensive view as to the nature, history, distribution, symptoms, and treatment of pellagra, and trust that I have at least, met with partial success.

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## A BRIEF RESUME ON TYPHOID FEVER

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The name Typhus refers to clouded mentality and dates from Hippocrates. However, the disease was first recognized by Louis, of Paris, in 1829, and first described as a separate disease by Gerhart and Pennock in 1837, all less than 100 years ago.

For a definition I find the following: Typhoid fever is a general infection characterized:

Etiologically by the bacillus typhosis, anatomically by hyperplasia and ulceration of the lymphatic structures of the intestines, hyperplasia of the spleen and mesenteric glands and by parenchymatous changes in other organs. Clinically by a characteristic fever, roseal eruptions, enlargement of the spleen, slow pulse, a peculiar serum reaction, typhoid bacilli in the blood and often by intestinal symptoms.

The etiology and predisposing factors are important because of the role of preventive medicine as viewed today. The bugs are conveyed mainly through food agency, milk and water being the main offenders, butter, ice, vegetables and oysters, flies, cockroaches and other insects are known carriers.

The usual predisposing factors of reduced physiological resistance are etiological. It is a disease of young adult life; over fifty per cent. of the

cases occurring between fifteen and twenty-five years of age. It is world-wide in its ravages and is closely related to water supply, disposal of sewerage, density of population and personal hygiene. And from the present index of sanitary successes in our cities, it is not being controlled. However, the comparatively recent discovery of the "typhoid carrier" may be largely responsible for that, and with a solution of that difficulty may come such results as have followed vaccination for small-pox.

Prophylactic vaccination for typhoid fever may be said to be in its infancy now. Heretofore it has been almost entirely confined to army circles, but a closer application is nearer at home in the vaccination of wholesale lots of students in the University of Kansas this fall.

A word as to the prophylactic inoculation may not be amiss. It consists of the subcutaneous injection in the arm or other convenient locality of two doses of vaccine ten days apart; one of 500,000,000, then 1,000,000,000 dead bacilli; after ten days a third 1,000,000,000 may be given. Local and general symptoms result. At the site of injection in a few hours a diffuse area of swelling, induration, redness and tenderness results. This continues and reaches a maximum in forty-eight

\*Read before Pan-Missouri Medical Society, June 28, 1911,

hours. There are constitutional symptoms also, as fever, pain, vomiting, malaise and prostration. In the course of a couple of days all symptoms disappear. The reaction varies with different cases, from slight tenderness at the site of injection to complete prostration. Following the injection the specific anti-bacterial properties of the blood are developed or augmented to a high degree—the agglutinative, bactericidal and bacteriolytic activities of the blood against typhoid bacilli are greatly increased.

Whole articles are written upon "The Pulse in Typhoid," "The Diet," "The Temperature," "Hemorrhage," "Perforation," and last but not least, "Typhoid Carriers." This is perhaps the best known of all infections. It is more variable than any other infection in its clinical picture and it is difficult to diagnose.

Perhaps Miliary Tuberculosis simulates typhoid fever more closely and more frequently than any other condition.

The cardinal symptoms, I've noted in the definition, and I will not repeat them here.

Much stress should be put upon the aid the laboratory worker may give here, in helping toward a diagnosis. Far better than a Widal, and easier of accomplishment, is the taking of blood cultures from suspects. It practically never fails, as typhoid bacilli are to be found in the blood throughout the course of the disease. It is the only positive diagnosis, however, it is not practical for the general practitioner. The rose spots are a great aid when they can

be found on the darker brother; the slow pulse, the fever curve, the typhoid tongue, typhoid state, and some can recognize a so-called typhoid odor; these are the best beside aids. The symptoms may be divided into those as they occur during the different weeks following a vague infection of from five to twelve days.

The first week is that of intestinal catarrh and beginning infiltration of Peyer's patches. At this time the fever mounts with evening increases.

The second week corresponds to the end of medullary infiltration: fever higher and continuous, morning remission less; Widal test here; abdominal and nervous symptoms and delirium appear; rosealae; this is the critical week.

Third week is the stage of ulceration in which the fever declines with marked morning remissions and great variations. Death usually occurs here at this point.

The fourth week (cicatrizization) usually marks convalescence. Hemorrhage and perforation are the most common and most feared of complications. Hemorrhage is generally easy to diagnose, but perforation is extremely difficult; however, its symptoms simulate appendicitis in almost every instance and from fifty to sixty per cent. of perforations do occur near the caecum.

The French say that "the best treatment for typhoid fever is a good physician." If that means good nursing, then it holds. Specific treatment awaits further development of serotherapy.

The name of Chautemesse seems

indelibly connected with anti-typhoid serum and he publishes the most glowing reports to be found, as to its efficacy. For instance, in 1,000 subjects treated with the serum, his mortality is 4.3 per cent., while in all other hospitals of Paris for the same period, 5,621 patients were not given the serum, with a resultant mortality of 17 per cent. In America results have not been so favorable. The treatment has been abandoned at Freedman's Hospital as not affecting cases one way or the other, not even preventing relapses. Chaumesse emphasizes the importance of using the serum as soon as possible and states that he has never seen a fatal result when the patient has received the serum within ten days of the onset of the disease. This serum is obtained from horses which for long periods have been inoculated with typhoid toxins in the form of filtered and sterilized cultures of typhoid bacilli, grown on bouillon of beef spleen. The dose of the serum is from one to five drops, hypodermically. There is a reaction lasting from a few hours to five days. Chaumesse regards this reaction as the result of destruction of the bacilli in the body, and consequent liberation of an additional amount of toxin within the body. In ten or twelve days another injection is given. The usual hygienic measures are taken as being a very important part of the treatment.

Purgatives and antiseptics, intestinal and otherwise, such as calomel and salol and antipyrin may do harm and do not have the least effect. Recently, hexamethylenamine or urotropin, sixty grains daily, has been

recommended as preventing localized harbors for stray bugs in the serous cavities.

Hydrotherapy is the only logical method of reducing temperature. Sponge for 10 minutes for a temperature of 102.5 degrees or 103 degrees. Sponges are unpleasant. Indeed temperature may be disregarded, delirium being far more important.

When we come to the question of diet, we may well pause. That subject alone could easily entertain this body for a single meeting. It has been most carefully investigated and those who continue to hold to the old method of milk and milk only, are strongly suspected of having more love for tradition than for reason. It is a great controversial field, but a more liberal diet is being advocated day after day. Milk fails to supply energy sufficient to keep up the adult body and there is a constant balance against the body following its continued application. The long duration of the disease renders it imperative that the general nutrition of the body should be kept up to the highest standard to sustain life and prevent complications and secondary infections as far as possible. The diet should be palatable and of such character that the patient can relish and digest it, and also provide for tissue waste; also it must be of such a nature that no harm can result from the peculiar anatomical lesions. Suppose you fed your patient every two hours, allow him at two of the 12 feedings in the 24 hours to have puddings, rice, custards, jellies, toast and egg—even hard boiled. Klemperer has proved that nearly 90% of 100

grammes of fresh easily digestible fat is absorbed, and 91% of 100 grammes of albumen. As to carbohydrates, practically 100% are absorbed during the active process of the disease. The temperature is not affected by the amount of food taken. This diet should not be enforced upon the patient, but if he desires food and then more food, increase the amount. Patients are better pleased and it reduces the desire to indulge surreptitiously in forbidden food. The bowels should be kept open with enema every other day unless the bowels move. In hospital practice the blood pressure is taken daily and when it falls below 100, stimulation is given. It is an excellent control for such conditions. Give bromides for delirium. Hemorrhage demands morphine, primarily, grain  $\frac{1}{4}$  every  $\frac{1}{2}$  hour for 3 doses, then to get the physiological effect. Do not move patient, even allow him to remain in the blood and feces, no food, no water, no bath. A 5% solution of gelatin per rectum, 1 liter at 50 degrees C. given in 3 or 4 doses in 24 hours is the most recently approved method of treating hemorrhage. The foot of the bed is raised and the gelatin is injected very slowly and under low pressure.

"Typhoid carriers," concerning which the Sanitarian was in profound and blissful ignorance until a short time ago, have aroused fear and speculation as to their medico-legal status. One woman, familiarly known as "Typhoid Mary," a cook in one of our large cities, is supposed to have been such an individual and is said to have infected scores who ate of her culinary inventions. Some radical writers have even gone so far as to advocate the passage of laws for the apprehension of such individuals, the penalty to be that of an operation for the relief of the infected gall bladders and urinary

tracts. This may well cause you to pause. Much interesting bacteriological and pathological data have accumulated as to the persistence of typhoid "bugs" in the urinary and bile passages, where they not only lead to the formation of calculi, but act as eternal propagating fields for the infection of others. This conception of typhoid as a chronic personally harmless infection of years duration is calling forth weekly editorials from our leading journals and many interesting cases of a "freak" nature are cited again and again.

In addition to the results obtained from prophylactic use of typhoid serum, it has been generously recommended in such cases of a chronic nature as being specially well adapted to chronic localized infections and post typhoid complications. For instance, typhoid cystitis, prostatitis, gall bladder sepsis, and typhoid osteomyelitis, all respond to the vaccine injections from 50,000,000 to 1,000,000,000 bugs; these injections strung out over periods lasting from 1 to 6 months. However, these cases must be chosen ones, for in some cases the localizations are not within reach of the blood stream.

In concluding I wish to stress these points. The use of the vaccine is interesting but is not likely to become largely a measure of the private practitioner. The specific serum has proven to be largely a failure, but look closely into the question of diet before you condemn the more liberal plan of feeding. In a paper covering as much as this one attempts, such important points may only be touched lightly. A stronger realization of the "Typhoid Carrier" may help to explain some mysteries, and the use of the vaccine in treating chosen cases may clear up many others.

## INCOMPATIBILITY

\*By E. T. SUMMYTT, ANALYTICAL CHEMIST

FORT WORTH, TEXAS

This is a broad subject to discuss within the allowed length of time. To cover the entire subject is impossible, even were I able to do so. To begin let us get clearly in our minds what in general is INCOMPATIBILITY. I would say that an incompatibility is the antagonism or disability of harmonious co-existence which is exhibited by numerous substances when brought in contact with other substances. This effect is produced in pharmaceutical mixtures by chemical decomposition, physical dissociation, incomplete solution, or therapeutic opposition.

For convenience of discussion, Incompatibility may be considered under two grand divisions—liquid and solid. These may be further divided into three general classes: chemical, physical and therapeutical. Chemical Incompatibility occurring in solutions, mixtures, lotions, liniments and other liquids may result in:

I. Production of a precipitate, II. Evolution of a gas. III. Change in color. IV. Decomposition by chemical action producing heat. V. Immiscible liquids formed by reaction between chemical substances. First we will take up the production of a precipitate. Precipitates may be produced by 1st, an insoluble salt resulting from reaction between

two salts in solution; 2nd, reduction of salts by chemical reaction; 3rd, insoluble hydroxide resulting from the action of a soluble salt upon a carbonate or hydroxide; 4th, precipitation of alkaloids or alkaloidal salts by alkalies, alkaline salts, general alkaloidal precipitants or substances producing insoluble compounds; 5th, precipitation from a weak acid from its salts by addition of a stronger acid; 6th, separation of a gelatinous precipitate. Now of these the most important and likewise the most dangerous is the precipitation of alkaloids or alkaloidal salts by alkalies, alkaline salts, general alkaloidal precipitants, or substances producing insoluble compounds. The alkaloids are very generally used and are with a few exceptions violent poisons. They are usually combined with an acid in order to increase their solubility. For instance; strychnine sulphate is soluble in 31 parts of water, while 6,400 parts of water are required for solution of the alkaloid. As an example I will use the following prescription:

Strych. Sul. gr. I.  
Pot. Brom. drs. VIII.  
Aqua Dest. qs. oz. VIII.  
M. Sig—1 dr. T. I. D. P. C.

A transparent solution is obtained but in a few hours the strychnine will be deposited in the form of

\*Read at the 24th Annual Session of Lone Star State Medical, Dental and Pharmaceutical Association at Austin, Texas, November 22, 23 and 24, 1910.

transparent crystals. And should the bottle not be well shaken before each dose the last dose will contain most of the strychnine.

2nd. Evolution of a gas: 1st, liberation of  $\text{CO}_2$  by the action of a stronger acid on a carbonate; 2nd, liberation of ammonia by the action of an alkali or alkaline salt upon an ammonium salt, 3rd, explosive compounds produced by reducing or de-oxidizing agents, or as the results of chemical reaction; 4th, reaction between strong acids and alcoholic solutions; 5th, reaction of esters upon tannin or similar principles; 6th, production of a gas having a disagreeable odor; 7th, liberation of a gas due to chemical combination. Of these the most common is the liberation of  $\text{CO}_2$  by the action of a stronger acid on a carbonate as in the following prescription:

Ammonia Carb. gr. XX.

Ammon. Chlor. gr. XXX.

Syr. Scillae oz. I.

Aqua Dest. oz. II.

Nx. Sig-- $\frac{1}{2}$ dr as required.

In this case the syrup of squill contains enough acetic acid to liberate the  $\text{CO}_2$  from the ammonium carbonate thus producing an explosive mixture if the bottle is tightly corked before the evolution of the  $\text{CO}_2$  is complete. Also the following prescription from a prominent physician came to my notice:

Phenolis gr. XXV.

Sod. Bicarb.

Sod. Borat. aa dr. I.

Glycerine oz. I.

Aqua Dest. ad oz. IV.

Sig—1 dr. in water as a gargle.

In this case the glycerine acting

on the sodium borate partially decomposes it, liberating some boric acid which reacts on the sodium bicarbonate setting free  $\text{CO}_2$ .

Under the head of gases due to chemical combination, I wish to say a word of caution to dentists who frequently use  $\text{H}_2\text{O}_2$  in their prescription for mouthwash. While appreciating the efficiency of nascent oxygen and the valuable desideratum of an alkaline mouthwash, let us not forget that  $\text{H}_2\text{O}_2$  forms explosive compounds with potassium permanganate, manganese dioxide, sodium sulphate, potassium bromide, potassium chloride, charcoal and some inorganic substances. This is due to the liberation of oxygen. Thus your patient is deprived of the desired constituent: nascent oxygen. 3rd, change in color. Under this head may be included, 1st, decolorization; 2nd, inky compounds resulting from the action of ferric salts upon substances containing tannin; 3rd, colors changed by acids or alkalies; 4th, colored solution produced by chemical combinations with synthetic substances; 5th, colored substances produced by direct chemical action. Changes in color, while not always a fault often causes an unsatisfactory mixture pharmaceutically, and while it may not effect the therapeutic action of the drug, it usually indicates chemical decomposition and bears the closest watching by both the physician and the pharmacist.

IV. Decomposition caused by chemical action producing heat. This is usually caused by the reaction be-

tween iodine or bromine and some of the volatile oils. The reaction is usually very violent and may bring disaster to the pharmacist if not handled with care.

V. Immiscible liquids formed by reaction between chemical substances. This incompatibility is not very frequent. Its most common occurrence is between potassium bromide, chloral hydrate and a concentrated alcoholic menstruum. The chloral alcoholate is formed and rises to the top of the solution as a colorless layer. This chloral alcoholate though probably non-toxic in the effects is highly irritating in its physiological action. Physical incompatibility occurring in liquids in such as affect the physical properties of substances and is chiefly confined to their solubility. The important consideration to be kept in view in physical incompatibility is whether the resulting separation is one of the active or inert constituents. Keeping this in view physical incompatibility may be divided into five classes. Namely: that which results in, 1st, precipitation; 2nd, immiscibility; 3rd, incomplete solution; 4th, gelatinization; 5th, cloudiness due to the separation of a volatile oil from its solution in aqueous liquids. Precipitation may be due to the difference in menstrua or to the difference in solvents. This, while quite annoying, may be often overcome by judicious pharmaceutical manipulation of the ingredients which are to be dispensed.

But one of the most dangerous forms of physical incompatibility is that of incomplete solution. As an example of incomplete solution we may use the following prescription:

Phenol. M. XXX.

Aqua Dest. qs. oz. I.

M. Sig—Apply with camel's hair brush T. I. D.

Here we have more phenol than will dissolve. There will be a saturated solution on top, while the phenol having a higher specific gravity will settle to the bottom. In this case the addition of a couple of drachms of glycerine will make a complete solution.

#### INCOMPATIBILITY IN SOLIDS

Returning to my original grand division, I will now take up the chemical and physical incompatibility of solids. This form of incompatibility often occurs in powders, troches, capsules, konseals, tablets, pills, suppositories, cerates, plasters, and ointments. Chemical incompatibility in solids may be divided as follows: Chemical decomposition producing insoluble compounds; 2nd, evolution of gases; 3rd, development of a change in color; 4th, mixture of solids apt to explode during trituration; 5th, liberation of water of crystallization due to chemical action. Of these the mixture of solids apt to explode during trituration is one in which close watchfulness is necessary. Beware of the chlorates, potassium cyanide, nitrate, or permanganate, silver nitrate and silver dioxide with organic substances. The safest plan for the pharmacist is to decline to compound any mixture of this description.

Physical incompatibility in solid preparations is that condition which arises from the admixture of medical substances in prescriptions which make the product unfit or unsuited for administration in the form prescribed by the physician. The most frequent forms of this incompatibility may be included under the following heads:

1st, Development of excessive moisture; 2nd, combinations resulting in products of a consistence unfitted for dispensing with the form

prescribed; 3rd, immiscibility; 4th, lack of adhesiveness. The most annoying is the development of excessive moisture which may cause liquefaction. The drugs most liable to offend in this particular respect are acetanilid, antipyrine, betanaphthol, camphor, menthol, resorcinol, phenyl-salicylate, dinretin, exalgin, phenacetin, salicylic acid, sulphonal and trional. I will now take up the third general division of my subject which is:

#### THERAPEUTICAL INCOMPATIBILITY

Therapeutical Incompatibility is the antagonism existing between drugs in regard to their physiological effect or medical action. It results from the injudicious combination of remedial agents. It may also depend a great deal on the idiosyncrasies of the patient. Sometimes excellent results can be obtained by the use of drugs which are therapeutically incompatible. For example, atropine is the physiological antagonist of morphine, yet we all know they form an excellent therapeutical combination with the following prescription:

Tr. Nux. Vomica dr. IV.

Acid HCL Dil. dr. IV.

Cascara evacnent oz. I.

Es. Pepsin qs. oz. IV.

M. Sig.—dr. I. T. I. D. P. C.

It is my opinion that the therapeutical value of the Es. of pepsin is nil, and its value is simply that of a vehicle. Although this prescription is used to my knowledge with excellent results. There are a few things of a therapeutical value which should be avoided in prescribing as in the use of aloes; its cathartic principle is decomposed and rendered inert by action of alkalies in excess. Pepsin is inactive in an alkaline menstruum. Its action is also retarded by alcohol. Pancrea-

tin is inactive in an acid menstruum. Spirits of nitro-glycerine is decomposed by alkalies and carbonates forming glycerine and nitrates. Alcohol with strychnine, aconitine with atropine, digilatin and strychnine, ammonium chloride with chloral hydrate, carbolic acid with chloral hydrate, chloroform with amyl nitrate, cocaine with morphine, codeine with chloral hydrate. In general, no very definite rules can be laid down for therapeutical Incompatibility as it may vary in each particular case.

In conclusion, I wish to say that this subject of Incompatibility is practically an endless one. It is the foundation, and upon it is built the entire superstructure of analytical chemistry. To the physicians I wish to say that it has been proven by abundant evidence that the greatest care is necessary in writing prescriptions. Avoid the "shot-gun" prescription; for its day is over. Today is the day of active principles and biological products. The day of empiricism is past, and we are living in the glorious dawn of scientific medicine.

To the pharmacists I wish to say that incompatibility involves some of the most intricate questions of physical and chemical science. It requires a thorough knowledge of the solubility of solids in various solvents, simple and compound; the solubility of liquids with one another, chemical decompositions, reactions between acids and alkaline salts, precipitation through single and double decomposition. This knowledge coupled with practical experience, together with the exercise of original ingenuity must be depended upon to meet the perplexing questions which constantly arise.

# WOUNDS OF CAROTID ARTERY

## *Reports of Two Cases*

BY WILLIS E. STERRS, M. D.

DECATUR, ALABAMA

CASE I. B. S., age 22, in a fight was stabbed in right side of neck. Patient ran across street to my office holding as best he could the spurting wound. Seeing the blood spurting in a large current and thinking that only a few more would end his life, I seized the wound with my hand and let him down on the floor at once. Finding I could not control the hemorrhage neither could I catch the bleeding vessels through the opening in the neck which was about two inches long I sent for assistance. To remove the hand I held on the bleeding point and release my hold would be followed at once by the same gushes.

However, since I could not become fixed to the bleeding part, Dr. Watson and I decided that rapid exposure of the bleeding points and ligature was our only way out. As rapidly as possible, down on the floor we both turned back tissue and worked, putting the forceps on every spurting point we came down to. We expected the patient to pass out in spite of us while we worked, so great was the flow. Finally deep down in the wound we succeeded in putting the clamp upon the bleeding points. After the arrangement of our toilet of the parts the patient was sent to the Cottage Home Infirmary for after-treatment. We had ligated with silk, and

sutured up the superficial structures with the same material. On the eighth day the stitches were removed. The parts had healed nicely. The pallor had gone, the natural color was fast returning to the face. Patient eating well, sleeping well and desiring to leave. On account of weakness he was advised to remain a few days. On the night of the ninth day, I was summoned in haste by my head nurse. I found the side of the neck greatly enlarged by a puffing and blood spurting from every stitch hole. The wound was rapidly opened. It being after midnight I was forced to work, assisted by my nurses only. I found the parts much excavated and filled with clots. These were cleared out and the spurting points ligated. I found the submaxillary gland broken down and bleeding. This was indeed hard to control.

Parts left open and packed. Patient was left again exsanguinated. Arterial tension very low.

In a few days the pulse grew stronger and patient was greatly improved. When everything was going well as I supposed, I was again summoned in haste about 3. a. m. on the morning of the 15th day. I found blood spurting up through the granular tissue of the parts that I had seen closing nicely.

In spite of all I could do the pa-

tient passed to the Beyond while I worked. A post mortem revealed the Carotid slit longitudinally with no attempt toward healing.

Upon previous efforts evidently the outer wall of the vessel had been ligated or pulled together; tissue above the same had likewise been tied over the slit, blood pressure had been lowered from the great loss of blood, clots had formed and the bleeding ceased. As soon as the blood pressure had reached a stage these

obstructions were forced out of the opening and a fresh and rapid hemorrhage was set up.

#### A SEVERED CAROTID

CASE II. A. G., age 38. Cut across the neck just above the thyroid. On right side carotid was severed. Trachea severed. Carotid ligated. Trachea sutured. Uninterrupted recovery. Patient dismissed from The Cottage Home Infirmary upon the 14th day.

### Illinois Pellagra Commission

The Illinois Pellagra Commission appointed by Governor Deneen in October, 1909, has submitted a preliminary report, a synopsis of which was read at the joint conference which assembled at the State Capitol, November 22, 1910.

The general results of this investigation are negative.

The original residence of one hundred and seventy-six patients in the Peoria State hospital demonstrated no important regional points.

The disease was much less severe in 1910 than in 1909.

Between January 1, 1910, and September 20, 1910, thirty deaths occurred, in which pellagra was designated as either the principal or contributory cause of death; only five of these deaths occurred among patients presenting acute pellagrous symptoms.

The commission does not believe that corn is a contributory factor in the production of the disease.

The results of inoculations with pure cultures of moulds were negative; with mixed cultures of moulds and bacteria, positive.

The results of the pathological study of pellagrins are not ready for submission. It included examination of the blood (results wholly negative), of the tissues (no developments of importance), and of the faeces. The findings with reference to the percentages of amoebae and flagellates in the faeces are regarded as of much importance, relative to the amoebic theory of the disease. No support for that theory can be derived from the investigation.

Nothing definite can be deduced from the attempts at experimental transmission of the disease by feeding and by injections.

In general, it may be said that the commission inclines to regard pellagra as an infectious disease.

The popular interest in pellagra centers around the question whether its production is the result, as claimed by Lombroso, of a corn diet.

Several cultures of the ordinary mould and bacteria of corn which cause decomposition in the field and in storehouses were grown in pure culture on corn, and an extract injected in rabbits and guinea pigs. No toxic symptoms of any kind could be produced.

An experiment in actual feeding was made at Peoria by filling a cottage with patients fairly representing the average demented, untidy type of insanity, and placing them upon a corn diet. They were given for an entire year as cereals corn flakes, cornmeal mush, and hominy. They had white bread to eat only once a day. Corn syrup (glucose) was substituted for cane syrup at supper. The vegetables served included canned corn and corn fritters. Five times a week, they had corn starch pudding for dessert. In another cottage, the menu was so arranged as to include no corn product whatever. The number of patients in each was about sixty. Of those on a corn diet, pellagra developed in four cases, and three others showed symptoms of the complaint; there was one death from pellagra. Of those on a corn-free diet five developed the disease, and there were four suspects; there were two deaths from pellagra.

Feeding monkeys and guinea pigs with corn, and also with the excreta from pellagrins, gave only negative results.—The Institution Quarterly.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

## A New Year's Greeting

“ACCORDING to the funny man of the Cosmopolitan Magazine, Mr. Oppenheim, the novelist, is very fond of lobster. During a recent visit to New York he was seen every night bending his keen visage over the great scarlet shells and extracting the snowy meat.

One night his waiter brought him a lobster that lacked a claw.

“I say, waiter,” he complained, “there’s a claw missing here.”

“Yes, sir,” answered the waiter; “two fellows got into a fight down stairs, and this one lost his flipper.”

Pushing back his plate, Mr. Oppenheim commanded, “Take him away and bring me the winner!”

This is typical of life. The world loves a winner and seldom respects a loser. Accomplishment is the gateway to respectability. The same fellow that will laugh at a man rolling down hill is willing to boost the man that is climbing up hill. “To him that hath shall be given.” The man that has a

dollar can borrow a dollar, and he who can help himself can command the help of others—If the colored medical men will each and every one determine to do ALL he can to render the Journal a success, it will not be long until the legitimate advertisers will more largely recognize what a valuable medium to reach an important branch of the Medical, Dental and Pharmaceutical professions the Journal is. This is the beginning of the fourth year. The Journal of the N. M. A. is read in all the medical libraries of the country and has an ever-growing list of exchanges that includes some of the best publications of this country—some of the brightest minds of the allied professions are contributing to its columns. The editor's hands have been strengthened recently by some brilliant additions to his staff. Every number of the Journal has been an improvement over its predecessor. Watch us grow. We earnestly solicit the aid of every member of the N. M. A. Patronize our advertisers and ask every representative that comes to your office why his goods are not advertised in the Journal—The Journal is a go, and is here to stay. We want the support of every member of the Association. Upon the auspicious opening of our fourth year, we renew our invitation to those who have been inactive or indifferent to come and help us. To the faithful who have been with us from the beginning, we give as our New Year's greeting

#### AN INDIAN'S SPEED TO A FRIEND

"That you may always have a safe tent and no sorrow as you travel; that you may always have a 'cache' for your food and food for your 'cache'; that you may never find a tree that will not give sap nor a field that will not grow grain; that your bees may not freeze in winter, and that the honey be thick and the comb break like snow in the teeth; that you keep your heart like the morning—and that you come slowly to the 'Four Corners' where men say Good Night."

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### Successful Medicine

THIS is the title of a new Medical Journal by Dr. Henry R. Harrower of Chicago. It is devoted to the commercial side of medicine, and seeks not to commercialize medicine but to assist medical practitioners to avail themselves of honorable business methods in handling the business side of their profession.

"What shall we eat, and what shall we drink, and where-with-all shall we be clothed?" are insistent questions inextricably bound up with the doctor's life; and, however high his professional ideals, or sincere his devotion to ethical standards of conduct, he must answer them. Happy is he who can answer the former in harmony with the latter—gather dollars in harmony with ethics.

Volume I, No. I of Successful Medicine promises well. The low subscription price (25 cents per annum) ought to insure a large circulation which will in turn create valuable advertising columns that (let us hope) will not be abused.

Try it for a year anyhow.

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## Popular Education in Sexual Matters

IS a questio vexata of modern Sociology. Shall people acquire this knowledge in sexual matters by haphazard and instinct, or by systematic instruction seems to be a subject fruitful of disagreements. A ground of compromise might be found by connecting instructions in these matters with license to marry. Why not give a prospective bride and groom a properly prepared Marriage Guide with the returned license. The limitation of parenthood to those desiring that holy estate would undoubtedly improve the breed.

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THE New York Medical Journal makes the following important announcement:

We have the honor to announce that beginning with issue of December 9, 1911, Dr. Charles E. de M. Sajous, of Philadelphia, becomes the Supervising Editor of the New York Medical Journal. While Dr. Sajous will give up his private visiting practice, he will continue his work as a consulting physician, investigator, teacher, and author, and thus be in a position to keep in the closest touch with the needs of the medical profession.

\* \* \* \* \* The Publishers of the New York Medical Journal feel that they, as well as its readers, are to be congratulated upon having obtained the services of Dr. Sajous. Comprehensive and well directed plans have been formulated for enhancing the value and interest of the New York Medical Journal, and in carrying out these plans no pains or expense will be spared to give to our readers a medical journal of unprecedented authority and interest.

The New York Medical Journal is one of the leading medical journals in the country, and these new arrangements will doubtless inure to the advantage of the profession generally.

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THE Journal Staff desires to thank the South Western Christian Advocate, and its genial and scholarly Editor for reproducing the picture of the Boston meeting of the N. M. A.; also for the excellent article accompanying it.

The issue of the South Western Christern Advocate is well worth perusing. It will pay you to order a copy.

WE herewith acknowledge with gratitude the excellent work done for the N. M. A. and Journal by Drs. Bluitt, Bryan and Hamilton, of Dallas, Texas, at the meeting of the Lone Star Medical, Dental and Pharmaceutical Association, in October, 1911. Two new subscribers and fifteen old subscriptions were taken, also seven buttons of the Association sold. Making a total collection by them of \$24.00.

We wish to most heartily thank the doctors for this effort on their part; and at the same time to ask that members of the Association and subscribers everywhere will make it their business to help along the work by similar means when an opportunity presents itself.

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MODERN Pharmacy in its issue of December, 1911, calls attention to the danger from peeling labels; and cites a case that might have ended disastrously. A bottle had been sent to a drug store which previously contained aromatic spirits of ammonia. The druggist without removing the old label filled the bottle with aconite liniment, and placed the label on the top of the aromatic spirits label. Some time later another member of the house had a headache, and took up the bottle in order to take a dose of the aromatic spirits of ammonia, according to the label that was on the bottle. She proceeded to take a dose of the aconite liniment, but noticed the peculiar taste at once, and only swallowed a small portion. The peeled off label was found in the bottom of the medicine closet.

Physicians and druggists are urged to note this case which might have proved fatal, and are reminded never to paste a label over another.

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DR. B. R. BLUITT, of Dallas, Texas, was given a complimentary dinner, and handsome Silver Loving cup on his 49th anniversary. The cup is twenty inches in height, oriental design, and of standard make. It rests on a base of ebony wood.

The dinner was given at Silver King Cafe, November 15, 1911. The event proved very enjoyable. We compliment Dr. Bluitt on having won both the esteem and confidence of his fellow citizens.

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## A Text Book Suggestion

IT would be a great improvement in many of our text-books if the authors would see to it that the illustrations gave the student some definite idea of the SIZE as well as the SHAPE of the organs illustrated. In

a well known work on anatomy the ossicles of the ear are pictured accurately enough as to shape but four or five times larger than the actual bones, but nothing in the picture to indicate this departure from the usual fact that the picture is smaller than the thing pictured.

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## Startling if True

**D**R. DANIEL PHELAN, surgeon of the Dominion Penitentiary at Kingston, Ont., in an address before the American Association of Prison Surgeons in Omaha, Neb., October 17, 1911, declared one per cent. of the world is insane.

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**A** STRANGE phase of race prejudice is the denying to Negro doctors the privilege of attending patients of their own race in the public hospitals of the communities where they practice. Albany, Ga., is furnishing just now an aggravated example of this injustice.

The hospital management solicited and accepted contributions from both races and provided that any physician could attend his cases there, provided the county society would endorse him. This put the subject up to the county society which voted to refuse colored physicians the privilege of attending colored patients in the colored department, or using the operating room of the said colored department. This seems to be the cube of race prejudice and short-sighted meanness. Professional efficiency and solidarity on the part of colored medical men is the only antidote for this deadly virus.

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## The Future

**N**OTHING is more encouraging to the editors of the Journal than the able assistance so unselfishly given by some of our bright young men. Much of the excellence of this number is due to the collaboration of Dr. U. G. Dailey of Chicago. This interest of the young men is promising for the future.

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**T**HE physicians of Durham, N. C., are fortunate in having a settlement worker and visiting nurse placed at their service. An intelligent, energetic, and above all, tactful worker of this kind will prove of inestimable value to both physicians and the community at large. It would be a practical idea for physicians, where there are two or more in a community, to cooperate in some plan for securing and maintaining such a "helper." Much of their platform theories of sanitation and hygiene could be made usefully practical amongst the people that need it most with one of these assistants.

WE note with interest and some regret the formation of a new society in New York City. The "mother" society has never received the support that it deserved. It does appear that it would have been better for the supporters of the new organization to have given the older one the enthusiasm that they expect to inject into the last formed. But perhaps there will now be a healthy rivalry that will result in much good to all concerned.

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THE following from a correspondent is interesting: "It may appear that I have lost interest in the success of the N. M. A. and the Journal; but I have not. From time to time I am able to add a new subscriber to the Journal; but my greatest trouble has been, as State Vice-president, to keep up interest among the doctors in this state. There seems to be a great tendency on their part to lose interest in the N. M. A. as they become members of the (white) county societies; however, I am not tired or despondent and will continue to work as vigorously in the future as in the past."

This is an unfortunate but real condition; yet what good does it do them to worship gods that they commune not with. The chief pleasure they get from the county society is in paying dues and voting for the "slate." Reading, writing and discussing is what will develop them, not listening.

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WE congratulate Shaw and her devoted alumni on the completion of the new Leonard Hospital; with such a magnificent acquisition she can only add new luster to her already brilliant name.

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WE have seen no better evidence of the "power of the press" than the magnificent appeal of the "Philadelphia Press" in behalf of Douglass Hospital. Striking headlines in the news columns and pointed editorials carried the story of "distress" to the hearts and into the pocket-books of those able to help.

A striking fact was the quick and liberal "response" made by the Jews, two making donations of \$500.00 each.

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## The 1910 Census

THE following comment upon the census population returns by the editor of the Southern Workman is not only truthful and to the point but very encouraging:

The bulletin just issued by the Census Bureau in regard to the white and Negro population is certainly encouraging. It shows that the population of continental United States, exclusive of Alaska, Porto Rico, and other outlying possessions, is 91,972,266.

Of these, 9,828,294 or 10.7 per cent. are Negroes. The growth in white population between 1900 and 1910 is 14,923,491 or 22.3 per cent.; of the Negro population, 994,300, or 11.3 per cent. But the large increase in the white population has been made possible by the 5,000,000 immigrants who were not here in 1900; if this number is deducted from the increase in the white population, the increase of whites becomes less than 10,000,000 instead of 14,923,491, while the percentage of increase is not quite 15 per cent. As the bulletin says: "This figure, 15 per cent., is fairly comparable with the 11.3 per cent. by which the Negroes have increased, since each percentage may be accepted as representing approximately the natural rate of increase; that is, the increase resulting from the excess of births over deaths." For a people increasing entirely by excess of births over deaths, an increase of 11.3 per cent. is indicative of a normal growth. It is interesting to note that the 1911 census of England has just announced an increase for the English people of 12.4 per cent. by excess of births over deaths in the period 1901 to 1911. The similarity of these two rates is an indication of the accuracy of the 1910 census as well as an evidence of the normal character of increase for the Negroes during the last ten years.

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## James Derham

IT has not remained for the post-slavery era to produce examples demonstrating the capacity of the American Negro to assimilate and practice the highest and best in medicine and surgery.

James Derham, born a slave, lived in the latter part of the 18th century. To the credit of the Fates, his owner, so it is recorded, was a physician in Philadelphia. In 1788 he was sold to a prominent surgeon of New Orleans. Derham showed such marvelous aptitude in grasping the principles and art of surgery that while still a youth he received his freedom and was permitted to practice amongst the freemen and the slaves. His biographer tells us that at 21, he was a "distinguished surgeon" and was sought by the aristocrats of the South. And mind you, this Negro physician was none of the voodoo cult or other superstitious class; he is said to have been a man of brilliant intellect and he spoke fluently English, French and Spanish.

We are fortunate in finding a eulogy of him by Dr. Benjamin Rush, one of the Nestors of Medicine in America and a man known wherever medical history is read. Dr. Rush visited New Orleans at about the end of the 18th century, and he made it his pleasure to meet and converse with Derham. He speaks thus in reference to him:

"I conversed with him on medicine and surgery and found him learned. I thought I could give him information concerning the treatment of disease, but I learned more from him than he could expect from me."

For this precious bit of biography we are indebted to a volume entitled, "The Literature of Negroes," written by a Frenchman named Gregoire (translated into English in 1810). A further research into the life and work of this interesting figure would form a splendid "labour of love" for some of the members of the professions living in New Orleans.

# SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;  
The language plain, and incidents well linked;  
Te'll not as new, what everybody knows,  
And, new or old, still hasten to a close;  
There, centering in a focus round and neat,  
Let all your rays of information meet."

A press dispatch states that a lady was "hurt on her birthday." This is more painful than being tanned on one's vacation, but not so bad as being sunburned on one's week-end.

An eminent authority states: In breech presentations, apply a hot flax-seed poultice to the abdomen and draw it to a head.

The family physician was intently examining the baby's last diaper; the mother stood anxiously by; looking up he assured her that baby would soon be well and unconsciously began to whistle "Every little movement has a meaning of its own."

The following from the *Charleston Gazette*, Charleston, W. Va., is true to life, and may be of interest to our readers. Dr. Gamble is now President of the N. M. A.

In the intermediate court last Thursday afternoon Dr. H. F. Gamble was a witness for the defense in the case of the State against Henry Smith, on trial for the murder of Albert Hackley, and was responding to a rapid fire of hypothetical questions propounded on cross examination.

"Now, Doctor," said one of the state's attorneys, "assume that two men have long been close friends; assume that they have visited each other at their respective residences at frequent intervals through a period of years; assume that through a similar period they have labored at the same occupation, and have gone to and from their work together; and then assume that while these men are conversing together on a business proposi-

tion, one of them suddenly draws a revolver and kills the other—what would you say to that?"

"I would say," responded the witness, "that it was a clear case of impulsive insanity, due, perhaps, to the hallucination that someone had authoritatively commanded the one to kill the other—or to some other similar hallucination, of which the medical man could cite a number."

"Well and good," continued the lawyer, "Suppose, then, that you were conversing with a man who had recently been involved in a fight with another, and whom you had pulled off his opponent; suppose that you had testified against him in court with reference to this affair; suppose he had then said that he would get even with you; suppose that a few months thereafter he called you to him to discuss the sale of a hack, and that while you were thus in conversation, he were to pull a gun and shoot you dead—what would you say to that?"

"You want me to assume," asked the doctor, with an ultra-serious expression, "that without warning, this man suddenly shot me dead?"

"I do," responded the attorney.

"Stone dead?" the doctor persisted.

"Yes," the lawyer answered solemnly—"stone dead."

"Well, sir," responded the witness, with equal solemnity, "under the circumstances I should not say a word!"

It was half a minute before the joke soaked in, and then there was an audible smile at the counsel's expense.

"I say, Teddy," said one little newsboy to another, "what are them things those

fellows were talking about?—"bacteria" they call them." "Them are French things. They come from Paris: that is why they call them 'parasites'!" "No," said another, "they come from Germany: that is why they call them 'germs'!" "Not at all," said a third. "They are Irish: they come from Ireland, for I heard Dr. White call them 'Mikecrobes'!"

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"Ain't I got a splendid theatre?" Mr. Stetson is said to have said to a waggish friend. "Great!" "I got everything that he has, haven't I?" referring to the rival. "Well," was the slow response, "your props may be about as extensive, but I don't think that your vocabulary is quite equal to his." With Stetson, to think was to act. Ringing the bell for a boy, the theatrical magnate exclaimed, "Go, get me the best vocabulary to be found in Boston,—expense no object."—Boston Home Journal.

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### A Poser

The supervisor of a school was trying to prove that children are lacking in observation.

To the children he said, "Now, children, tell me a number to put on the board."

Some child said, "Thirty-six." The supervisor wrote sixty-three.

He asked for another number, and seventy-six was given. He wrote sixty-seven.

When a third number was asked, a child who apparently had paid no attention called out:

"Theventy-theven. Change that, you darned thucker!"—Everybody's.

### Even

"I find that my husband has been having the office-boy call me up every day and mumble terms of endearment. He's been going to the ball game."

"How is it that you didn't catch on to the voice?"

"Well, I am busy at bridge every day, and I've been having the cook answer the telephone."—Washington Herald.

### The Same Thing

"And he said he was willing to die for me?"

Not exactly in those words, but that, was the impression he was evidently trying to convey."

"What did he say?"

"He said he was ready to eat your cooking any time you said the word."—Houston Post.

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### Revenge

"I say, my dear," exclaimed a "golden youth" to a pretty nursemaid in Hyde Park, "I wish I was a youngster in your charge!"

"So do I," responded the girl. "I should then have the chance of teaching you better manners!"—Tit-Bits.

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### The Last Straw

An old woman entered a savings-bank the other day and walked up to the desk.

"Do you want to withdraw or desposit?" asked the clerk.

"Naw Oi doant. Oi wants to put some in," was the reply.

The clerk pushed up the book for her signature, and said, "Sign on this line, please."

"Above it or below it?"

"Just above it,"

"Me whole name?"

"Yes."

"Before Oi was married?"

"No, just as it is now."

"Oi can't wroite."—Cambridge Tribune.

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### He Got His

An aged colored man was engaged in burning the grass off the lawn of a young broker when the latter returned to his home and, thinking to have some fun with the old man, said:

"Sambo, if you burn that grass, the entire lawn will be as black as you are."

"Dat's all right, suh," responded the Negro. "Some o' deese days dat grass grow up an' be as green as youh are."—Exchange.

Judge Richard B. Russell of Georgia is known in politics as "Plain Dick" Russell. On the recent election of Governor Hoke Smith to the United States Senate, Russell announced himself as a candidate for the soon-to-be vacated executive office, for which he is now running with all his might—which is saying a great deal. Besides being a justice of the court of appeals, a well-known politician, and a prosperous farmer, Judge Russell is the proud father of fourteen children. Having twelve children already, and being superstitious by nature, he was unwilling to risk the unlucky thirteen, so his last two were twins.

On one occasion, Judge Russell took his fourteen children with him to a state fair, where, among other things, they were exhibiting a two-headed calf as a side attraction. Judge Russell cautiously inquired the price of tickets.

"Ten cents for whole and five cents for half tickets," explained the showman.

Brightening perceptibly, "Plain Dick" handed out the money. "Give me one whole and fourteen halves," he said.

The showman eyed him curiously. "Have you fourteen children?" he asked.

"I have that," replied the judge.

"Got 'em all wid yer?"

"Plain Dick" pointed proudly to the long row of human steps rising back of him.

"There they are," he said; "count for yourself."

Lifting his finger, the showman counted one by one.

"Mister", he said, "keep yer money. Suppose you sell me a ticket, and I'll bring the calf out to see you."—Cosmopolitan.

Curtis Guild, former governor of Massachusetts, was once asked for the funniest story he ever heard. This is the story he told:

"An Irishman and a Jew were discussing the great men who had belonged to each race and, as may be expected, got in-

to a heated argument. Finally the Irishman said:

"Ikey, listen. For ivery great Jew ye can name ye may pull out one of me whiskers, an' for ivery great Irishman I can name I'll pull one of yours. Is it a go?"

They consented, and Pat reached over, got hold of a whisker, said, 'Robert Emmet,' and pulled.

"'Moses!' said the Jew, and pulled one of Pat's tenderest,

"'Dan O'Connell,' said Pat and took another.

"'Abraham', said Ikey, helping himself again.

"'Patrick Henry,' returned Pat with a vicious yank.

"'The Twelve Apostles,' said the Jew, taking a handful of whiskers.

"Pat emitted a roar of pain, grasped the Jew's beard with both hands, and yelled, 'The Ancient order of Hibernians!' "

—Cosmopolitan.

George Eastman, the inventor of the kodak, is responsible for this story:

"I was sitting in a drug-store waiting to get a prescripton filled, when a young Irishman entered.

He pointed to a stack of green castile soap, and, said,

"'Oi want a loomp o'thot.'

"'Very well, sir,' said the clerk, 'Will you have it scented or unscented?'

"'Oi'll take ut with me,' said the Irishman."—Cosmopolitan.

### Proof Positive

"See here, Mr. Casey," said Pat to the tax assessor, "shore and ye know the goat isn't worth \$8."

"Oi'm sorry," responded Casey, "but that is the law," and, producing a book, he read the following passage:

"All property abutting on Front Street should be taxed at the rate of \$2 per foot."

—Boston Transcript.

## N. M. A. COMMUNICATIONS

To the Editor of the Journal:

In the Journal of the National Medical Association, Vol. 3, No. 4, page 410, in commenting on the fact that Dr. Curtis only collected from the Association the amount appropriated for his office, you say that he sets an example in that direction to other officers and members. The inference is that the other men who preceded him did not do this, which gives an erroneous impression, as far as his immediate predecessor is concerned. I do not know what was ever collected by other Presidents of the National Medical Association, but I do know that no bill was ever presented by me to the Association for any amount whatever; not even a postage stamp, nor did I receive a cent from the Association for any expense of any kind. In fact I am rather surprised to learn that there was any amount whatever available for the president's use. Of course it is not to be implied that I do not believe that an officer should be reimbursed for his expenses in conducting his office if he sees fit to present a claim. I only want to say that this generous example did not begin with Dr. Curtis, and I do not believe it began with me. What I

did I am glad to believe was done by others before me.

(Signed)

MARCUS F. WHEATLAND, M. D.,  
Newport, Rhode Island.

A new edition of the Constitution and By-Laws of the N. M. A. has been printed. Members may receive same by requesting the Secretary to send it to them, and by enclosing a stamp.

Subscribers are again urged to notify the Business Office when they make changes in their address, by giving both the old and the new addresses.

In Vol. 3, No. 4, on page 238, in the list of registered physicians at the Hampton meeting, Dr. Norman Lassiter's name was omitted through error. We beg to call attention to this, and to give the doctor credit for his \$3.00, membership fee, paid at the meeting.

Enclosed please find check for three dollars (\$3.00), to pay my dues for 1911 to the N. M. A., plus Journal.

I trust that a second appeal such as that which you have just sent forth will not be necessary to arouse the lethargic members of the Association.

Sincerely yours,

(Signed)

FRANCIS M. NELSON,  
LaFayette, La.

To the State Vice-presidents:

Permit me to suggest that it is the duty of the State Vice-presidents to keep alive an interest in the N. M. A., in their respective states; to do all in their power to spread information relative to the Association, by distribution of literature which may be sent them from time to time by the General Secretary, and by any other means which suggest themselves as expedient; to secure items of interest, and interesting papers from members of the profession for publication in the Journal, and to secure subscriptions for the same; to secure new members for

the Association, and to make recommendations concerning any who may apply within their jurisdiction; to organize state and local societies where none exist, and to secure the affiliation of the same with the National; to secure as large delegation as possible from their states to attend the annual meetings; and to collect and forward to the General Secretary the annual dues from the members who are in arrears. In short, to do whatever is within their power to help build up the Association.

Very truly,

JOHN A. KENNEY, Secretary.

GET READY FOR THE 14TH  
ANNUAL MEETING OF THE  
NATIONAL MEDICAL ASSOCIA-  
TION, TUSKEGEE INSTITUTE  
ALABAMA, AUGUST, 1912

## OF INTEREST TO DENTISTS

By ASA D. C. BARNES, D. D. S., Editor  
CHICAGO, ILLINOIS

To the Dental Profession:

In accepting the office of Editor of the Dental Section of the Journal, I recognize in this a certain honor conferred upon me, and too, a great responsibility, which, if the Journal is to continue on the same lofty plane of efficiency upon which it has progressed in the past, will require much labor and the sacrifice of no little time from my daily practice, if in my endeavor, I succeed with the work as it is my aim to do. I say responsibility is great, because the work involved is all new to me, and will demand certain literary accomplishments of which I scarcely feel capable which must be brought into play and exerted effectively, if from this new field, upon which I have sallied forth with my meagre forces and equipment, I shall emerge from the conflict triumphantly.

But the work necessary in making this department effective should not be considered an obligation allotted to the care of one individual. The requisites are too many and varied for single and inexperienced hands to perform alone. And if our labors to this section are to move along prosperously and achieve creditable results, then these labors should be made to represent the

combined efforts of all dentists concerned in the work, with myself serving you in the capacity as a sort of censor or director, whose duties should consist largely in publishing what you send me, and ornamenting these pages with such reading material, as in my judgment, will prove edifying and instructive. So with the view of serving you to my fullest capacity, and appreciating the poverty of my own attainments, as an aid to assist me in this work, I have enlisted the services of Dr. Theodore R. Mozee, a young and progressive dentist of this city, whose conscientious spirit and accomplishments especially fit him for the responsibilities he has promised to assume. But even with these preparations, with which I have called upon to fortify myself, I might fail in my efforts at pleasing you; nevertheless, I shall persevere; and should disaster overtake me, I shall appeal further for your aid to assist in elevating a work, which conscientiously begun, must honorably endure.

But after all, it is not a difficult thing to criticise and find fault with the work of others. And to begin with, I know I shall not have the happy concurrence and support of all dentists, since, as I understand,

there are some few, who, on apparently unreasonable grounds, have opposed the Journal in its work of organizing and consolidating the members of the Colored professions, with the plea that such movements, as have been undertaken by the Journal, countenance segregation and separation from other professional fraternities of this kind, to which professional members of our race now have entree. Whether this is true, I shall leave for your consideration. But it is highly gratifying to know that such critics with their opinions are few in number, and exert no appreciable force against the good work that is progressing, and that the Journal continues to advance, waxing strong with the passing of each year.

Here in Chicago we have a local medical and dental society that comprises about 55 active members. The meetings which are held once a month are usually well attended. But even with these evidences of encouraging prosperity, it has ever been a task to establish a complete and united membership of all the physicians and dentists of the city. For the past several years of the existence of our organization, certain members, interested in its coherency and perpetuity, have constantly perplexed themselves with devising means by which a universal sympathy might be engendered, sufficiently strong to reach every professional man in the city. As a scheme to this end, comfortable and attractive quarters for our meeting purposes have always been secured, lunches spread; and

aside from the excellent programs, arranged and devised by special committees, a spirit of good fellowship and eclat has always been made to permeate the meetings, with the view of creating additional allurements and interesting further those whose indifference seemed well nigh impregnable. But meeting with little success in these adventures, more active steps were taken. Committees were appointed to investigate and interview these persons personally, with the purpose of having them become members, or to ascertain the reasons responsible for their estrangement. To the queries addressed them various answers and excuses were given, the general one being that nothing could be learned at the meetings, and that time could be spent more profitably in other directions.

I merely make mention of this in order to bring before you a condition with which, it is my belief, other societies, in other parts of the country, have encountered in their efforts at organizing, and to point out certain factors, which, if numerically powerful, might work positive harm and prove decidedly menacing to the prosperity of our local and national bodies. And while I have never entertained feelings against persons whose beliefs and judgments differed a great deal from my own, still, I have always taken a positive stand against platitudes of the nature of those advanced by these gentlemen; because I believe there can be always something learned from the association of

men with men, and men with books; and he who differs from me in this, in my opinion, is himself one possessed of an infinite knowledge and understanding, that should be shared with those less fortunate. But how often is it true that persons of any particular class, whose great sweep of wisdom would embrace all things, and forbids them learning anything from others, are, as a rule, those least qualified to pass on the merits of others, and in the final summing up, are those who really know but very little themselves? Very fortunately, we have nothing to apprehend from such sources; but for the general good and improvement of ourselves and our organizations, it is imperative to us as progressive dentists, who have allied ourselves with this great movement, to work unceasingly for its betterment; work to make more interesting and efficient that part of the Journal devoted to the interests of our profession, in order that its pages might reflect with greater dignity the results of concerted effort, and be looked forward to with increasing expectancy and pleasure.

I believe that the meetings held by our local organizations offer great opportunities for the improvement of its members of the medical and dental professions. And I should urge every dentist to ally himself with some society of this kind. On this common ground of equality the dentist is here free to discuss and thrash out to his satisfaction such subjects as bear on his work. And the papers that are read, the discussions that follow, not only provoke a gen-

eral dissemination of knowledge, but go further, by creating newer vistas and channels through which the mind might travel in its efforts at comprehending greater things.

There are several ways by which the dentist can assist in rendering this department of our magazine more potent and effective, and if the practices I propose are taken up and conscientiously executed, our expectations in this regard should unquestionably bear fruition. I am now, of course, addressing the dental profession, upon whose shoulders must depend the success and glory of these pages.

First—(if you will pardon repetition) I should advise that dentists, of any particular section or locality, interested in the work, who are yet unorganized, to organize, and identify themselves as active members with their local societies; constitute themselves as standing committees, and report to this office all proceedings of a dental character, which, in their opinion, would be of interest to publish. It is always refreshing to know what dentists of other localities are doing, and news of this kind would not only serve to acquaint us with each other, but would be well received, and could be woven into interesting reading matter.

Second—I believe there is no active practitioner, who, engaged in the daily performances of his duties as a dentist, does not at some time discover some practical hint, or some new method, which suggests a departure from some older way of do-

ing things. However insignificant these little hints might appear to the originator, it should be remembered that they would be new to those who do not know them, and if published, would be received with interest by the profession.

Third—Dentists should send more articles to this department for publication. Those that have appeared in these columns from time to time have been of a high order, and possessed qualities as would adorn the pages of any Journal. But these contributions have been too irregular in appearing, considering the number of capable and competent men who now grace our profession. The field of operative, prosthetic, and surgical dentistry is large, and still conceals many hidden truths, which if known and practiced, would contribute greatly to our general knowledge of things; and a recital of the energies and investigations expended in these directions of unearthing undiscovered treasures of knowledge, by which humanity might be made the beneficiary, would not only prove productive of a great good, but would yield wealths of subject-matter, which intelligently presented, would make valuable and instructive literature, by which these columns might be further embellished and enlarged.

But it is not expected of those who shall contribute to this department to continue their investigations to those extremities of chemical experimentation, as are pursued in laboratories, expressly equipped and designed for such purposes.

We are too young that anything great in research-work should be expected from us at this time. We shall feel grateful, however, that even though having been superficial in your work, you have been earnest and conscientious, and out of your labors you have gained something worthy to present that would be edifying for others to read.

I might state, *en passant*, that in order to conserve a high standard of quality for this department of our magazine, I shall submit to the press for publication only those contributions, which in my opinion are worthy, and gotten up with care. The quality of periodicals such as this is not measured and judged by their exterior ornamentations and the brilliancy of their cover-designs, but by the printed matter they contain. And while I shall indulge in no discriminations, nor be too exacting in my selections of those contributions that will reach this office from time to time for the purpose of being published, it will be my aim, however, while engaged in this work, to strive always to please others of the profession, whose superior attainments and accomplishments, it is intended my efforts shall satisfy.

For the convenience of the printer and myself, I have the following suggestions to make to those who shall contribute to this department:

1. Prepare and punctuate your contributions just as you would have them printed. Neither the printer nor the editor has any license to

make any changes in your work without your approval.

2. It is preferable to have your work typewritten, and on one side of the paper only. This insures against typographical errors, and makes your contributions more legible both for the printer and editor.

3. Inclose postage sufficient to return contributions, in the event of

their not being accepted. I feel optimistic on this point, however, believing that whatever you may submit will be prepared with such care as will render it acceptable.

Very truly yours and with best wishes,

ASA D. C. BARNES, D. D. S.,  
Editor, 3531 State Street,  
Chicago, Illinois.

## BAD TEETH vs. GOOD HEALTH

\*By THEODORE R. MOZEE, D. D. S.  
CHICAGO, ILLINOIS

The term health is expressed by a coherent and harmonious action of every tissue and organ of the body, each contributing to the economy its share to balance the processes of construction and destruction which are incessantly in progress. Without this physiological action of every tissue and organ there is no health; only a diseased condition wherever an organ or group of organs has failed in its duty to perform the necessary functions of growth and reproduction, the property of all living things.

The mouth, as you know, is the portal through which all food must pass be it liquid or solid; and unless it is kept in a normal condition, the equitable balance between the tissues and organs of the system cannot exist; and lacking this balance an unhealthy body is the logical result.

The first law of nature, according to Divine interpretation, is that of personal cleanliness, and whether it be of the soul or body, the application of the law is the same. Its enforcement is a sacred obligation which we owe to ourselves, our children, and to the community in which we live. The importance of the Divine law should never be lost sight of, and its helpful influences should find wake in the home, the church and the school in order to give to humanity a full measure of its strength in the moulding of character.

The asset of manhood or womanhood is the resultant effect of a healthy body to combat successfully any form of disease that attempts to claim its victim.

### THE FIRST TEETH—THEIR DEVELOPMENT AND CARE

The development of the teeth be-

\*Read before The Young Men's Forum, November 3, 1911.

gins about the seventh week of promised motherhood when they manifest themselves in the form of little buds, similar to those of a plant. This process is carried on step by step until the buds have increased sufficiently to unite themselves in forming the first set of teeth, which numbers twenty in all.

Every mother should know something of the process of its formation, since much depends upon her as to the general health of the child, both physical and mental. During the development of the first teeth, the mother should know exactly the care and diet to give herself, for if she is in any way diseased the child in this unhealthy environment is liable to suffer from such forms of disease as rickets, tuberculosis, scrofula, or arrested growth of the body.

But to return to the child's first teeth. The first large molar is the most important of all the teeth, but it is often lost because parents take it for one of the first set. This mistake is due to the fact that it is erupted while others of the first teeth are still in the mouth. It has been said that the child creates a fondness for sweets about this time and in this way the molar of which we are speaking becomes easily affected and easily decays. The loss of this molar is the real cause of the irregularities of the teeth which follow, because without this tooth the entire relation of the teeth is lost.

These statements are simply mentioned to emphasize the fact that too much stress cannot be laid upon

the care of children's teeth, especially while the teeth are in the early stage of formation. At that time every possible consideration should be given them despite the youthfulness or reluctance of the child. It is then that the parents should inculcate the first principles of cleanliness both of the teeth and body.

Teach the children that frequent bathing will stimulate the general circulation of the blood, thereby benefitting the teeth by impelling them to their full growth. Teach them by example, the habit of thoroughly cleansing the teeth after each meal. Teach them that the development of their jaws depends largely upon the retention of their first teeth. But do not teach them the family habit of imitation which I have frequently seen illustrated, viz.: that of each member placing his toothbrush in the same glass.

If there happens to be a visitor or boarder in the house who hurriedly rushes in, in quest of his toothbrush, in all probability he will use someone's else brush. With what consequences? The transmission of germs, irrespective of person, affecting alike the healthy and unhealthy. The danger of such transmission is indescribable, and only a small number of persons are aware of the diseases which are spread in this careless way.

In like manner one cannot use too many words of caution regarding the style of brush with which to cleanse the teeth. Emphasis along this line would, if practiced to the

fullest extent, greatly mitigate the spread of disease-infection. What has been allowed to run rampant through carelessness and ignorance would, with the exercise of caution and common sense, intercept much misery.

The only way to assist a community in the elimination of any vice is for each individual to contribute his share of interest to prevent the spread of any contagion. We must protect ourselves against the successful invasion of disease by adopting cleanliness for our slogan.

#### THE STYLE OF TOOTH-BRUSH

The kind of tooth-brush to use in taking proper care of the teeth, is a good stiff one, with plenty of life in the bristles. These bristles should be uneven, with ample space intervening to allow for thorough disinfection. Every one should have at least two brushes since the one used in the morning will not be sufficiently dry for noon use. Nor will one style of brush be suitable for every individual. Skill and care must be exercised in selecting brushes in order to obtain the best results.

The teeth should be brushed up and down and not across as is the custom.

Disinfecting the tooth-brush is something that is completely ignored by most individuals. The treatment accorded this indispensable article of refinement is usually very slight compared to the purpose for which it is used.

#### DISINFECTION OF THE TOOTH-BRUSH

We should not relegate this life-

serving instrument to some forsaken corner of the bathroom to afford food for household pests of the disease-spreading type. The brush should be thoroughly cleansed and disinfected immediately after use.

The most simple and effective method of cleansing the brush is to place it in an antiseptic solution of listerine, or glyco-thymoline, and whisk it for several minutes until every particle of food is removed and finally rinse it in clear water.

It is absolutely necessary to take proper care of the tooth-brush because the fragments of food will, after a few hours undergo certain changes of decomposition which have been known to produce ptomaine poisoning.

#### DISEASES THAT HAVE THEIR ORIGIN IN THE MOUTH

You can plainly see that the uncared-for mouth is the haven for developing germs. In fact, it is the best possible place for the cultivation of germ life. Nearly all germs enter the body by the mouth route. The importance of the care of the teeth and mouth then should be of vital concern to us all as a factor in preventing disease and maintaining the public health.

Disease-producing germs lose their strength and activity when the mouth is clean, and especially is this true of the tubercular germ, which is present in at least 75% of human mouths. It has been proven that consumption of the glands of the neck, frequently found in children and often in adults, enters and at-

tacks those glands by first entering the cavities of the teeth.

It is also said that in 15% of the mouths of the human family, the germs of pneumonia are found. If the mouth is well cared for, the danger from pneumonia is thereby reduced likewise the expense and suffering. Maladies of the eye and ear are often caused by some diseased dental conditions as is neuralgia, which is so prevalent among women. The health and life of an individual is shown in the comfort of his breathing capacity and the ability to thoroughly masticate his food.

The general tone of the body indicates the manner in which our food is prepared to enter the stomach from which point it is distributed to all parts of the body. Now if food is allowed to enter the stomach unprepared by faulty mastication, and the lack of certain changes which must needs take place in the mouth, it cannot be properly acted upon as the work required of the stomach is then too great. As a result the food remains undigested and enters the stomach in bolts, and finally deranges the entire digestive system. Then as a matter of course, indigestion, paleness of skin, and foul breath follow. In consequence of this condition the whole body often undergoes derangement which manifests itself in rheumatism, gastritis and nervousness, and where did these seven or eight diseases originate?

All had their beginning in a set of bad teeth, and countless other diseases have had their incipency in the same place. In order to have

good health, then, we must have sound teeth. Yet we allow our teeth to decay at a pace which if not checked, will end most disastrously.

A careful, almost selfish watchfulness of the mouth and teeth should be of vital concern to every Christian in this universe. Having in mind the sacred duty which we owe to others, combined with the principles to administer help wherever it is needed, and knowing that we cannot spread the gospel of life unless we ourselves come with clean bodies and strong hearts, let each of us today resolve to lend our assistance, however small, to a crusade whose purpose and result shall be the development of a race of strong healthy men and women.

### WELCOME ADDRESS

TO THE DOCTORS OF DENTAL SURGERY, DELIVERED BY A. H. DYSON, D. D. S., AT THE TWENTY-FIFTH ANNUAL SESSION OF THE LONE STAR STATE MEDICAL, DENTAL AND PHARMACEUTICAL ASSOCIATION, DALLAS, TEXAS

Mr. Chairman, Members of the Lone Star State Medical, Dental and Pharmaceutical Association, Ladies and Gentlemen: I have been chosen by the local profession to address words of welcome to the visiting members of this organization, that represent my own profession—viz., the Doctors of Dental Surgery.

I take it that the Doctors of Dentistry here assembled, represent the best thought in the Dental profession in our state. The best thought usually commands the high-

est remuneration, and figuring from a dollar and cent standpoint, this meeting is quite expensive to all who attend. It is a fact well worth your notice that such a body of men as these gathered here can forego the golden opportunity of money making in order that they may express and exchange ideas to further the interest of a profession which is rapidly winning for itself, that station, that dignity and importance which belong to it, by right of the relief given the ills of the flesh, and service done for suffering humanity.

We of the South are just beginning to learn the value of time, the most precious gift of God to man; and for this reason I feel sure that you will pardon me if I refrain from using the glowing adjectives and flowery language usually employed on such an occasion, and confine myself briefly to what I hope will prove of practical importance, not only to the profession, but also to the general public. That the members of this great body are welcome into our city, goes without saying, what we have, need no commendation, and this body of men is too sensible to wish a waste of time with words of praise for our city. You have assembled for a more serious purpose, without which purpose the meeting is in vain.

When asked by the local profession, of which we are justly proud, to appear on this program, it occurred to me that it would be of great value to the general public if this body would formulate some plan by which the Negro race in our im-

mediate vicinities may receive some intelligence on a subject which is now commanding the attention of all civilization, viz.: Oral Hygiene. It is a sad fact that we as a race know comparatively little about Oral Hygiene—such a term as Dental Caries conveys no idea whatever to the average mind. A mere casual examination, even during the brief instant of a captivating smile as it glances across a charming face, will develop at a closer range, the odoriferous evidence of a careless disregard for even the primary principles of the proper care of the oral cavity, which is the great gateway to the human system.

The average man when he steps into the dental chair knows not what he needs, and could not criticise if he would; and the delicate mechanism of his mouth becomes clay to be moulded as the dentist wishes. This fact makes it possible for the charlatan to flourish in the beginning of his career, as it does for one with integrity of purpose and skill in operation: and often irreparable injury is done, and the credit given to inherited bad teeth, and untold agony suffered by the innocent dupes of their own ignorance. For this reason, it becomes highly important that the general public be better informed on the subject of oral hygiene and the fundamental facts relative to the proper care of the teeth and the allied tissues.

A healthy body is the greatest asset one can possess, and it depends upon the air it breathes and the food it assimilates; both of which are di-

rectly and vitally affected by the conditions existing in the oral cavity, through which both food and air must pass. It is not an exaggeration to say that three-fourths of the ills of mankind could be banished if the teeth received the care and attention they require. If this be true, the duty of teaching and preaching the gospel of oral sanitation becomes a tremendous responsibility. The Dentists must start the move; and we welcome this Association as the appointed guardian upon whose worthy shoulders the responsibility rests.

Dental Caries is a disease of civilization, and how to check the havoc which it is working on humanity is truly one of the serious Dental problems of today—there is not a disease to which the body is liable that is not aggravated by the filthy condition of the mouth. Beauty is marred and happiness destroyed by the deplorable ignorance of the laws governing the preservation of the tissues of the oral cavity. Ignorance elicits sympathy, not indifference. It is for those who are educated to say whether humanity shall advance or retrograde. Perfect health depends neither upon pills nor prayers, nor does it depend upon beautiful bridge-work, nor well made plates; but upon the intelligent following of the rules of correct living. It is the province and duty of every professional man to teach the people along this line.

We welcome you into our city, because we believe you are trying to elevate the standard of our civiliza-

tion. Your presence here is an outward index to the high standard for which this association is clamoring. We welcome you as leaders, we believe that you stand for something good and noble, we believe that you will take a hand and put your shoulder to the wheel of human progress and assist in ridding the world of ignorance, thereby making your footprints in the sands of time, guiding marks for generations yet to come. It is a source of genuine delight to say to you—Dallas: dignified in poise, delightful in location, delusive in her grasp, dazzling with splendor, decisive in purpose, divine in intent discerning in all that is good and holy, deserving of your hallowed presence, dedicates to you and yours, not only her homes and the protection of her household gods, but also a hearty welcome from her sons and daughters.

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### Transcripts

A very interesting article appeared in the Items of Interest some time ago dealing with "Pulp Death Due to Faulty Mixing of Cement." A comment on this article is timely and worthy of observation, in that, it explains, in a most vivid manner, why so many teeth, where cement has been employed to serve as an intermediate, protective covering for the pulp to insure it against thermal and other irritations, often will give trouble again, regardless of the care with which our operation, intended to be permanent, has been performed:

If a cement is prepared for a filling in too dilute a manner, then surely, because of the slow binding of the acid sufficient acid remains free long enough to affect the dentin, percolate through the tubules, and affect the pulp. Undoubtedly the pain that occurs in some deep cavities after filling is due to

this improper preparation of the cement. If the irritation be weak, the pain gradually subsides and eventually disappears; possibly the pulp may have stimulated the replacement of the destroyed dentin cells. But if the action be a strong and protracted one, and especially if there be left but a thin wall of dentin between the filling and the pulp, then the pulp is too weak to overcome the action of the acid, and it dies. So it is not to be wondered at that in deep cavities, in spite of a zinc phosphate cement foundation, or rather because of this, very often devitalization of the pulp is observed. Hence today we still believe in the advice of Miller, who said that the bottom of all large cavities should first be covered with some indifferent substance, such as Fletcher's artificial dentin or gutta-percha, and that the filling should be completed only after one of these is in place. Especially does this admonition apply if the cement contains too much water. Even in experiments so conducted that the chance of a mistake, especially through the improper mixing of the cement and consequent danger to the pulp, is minimized, other circumstances can play a role in the death of the pulp, and it is our duty, if not for scientific reasons, at least as a working basis, to determine what these causes may be. Of possible factors there are so many that it is surprising that the fault should so often be placed at the door of the cement preparation. That the pulp can die with any kind of cement filling is known to every practicing dentist.—M. Kulka, *Items of Interest*.

Dr. W. A. Chamberlain, in the *Dental Review*, has this to say concerning the "Cementing of Inlays," which should appeal to us, now that the inlay, having come into prominence and here to stay, is being employed almost altogether by many dentists, who recognize in it many points of advantage over the older methods of filling teeth, especially where the larger varieties of cavities are concerned:

The cementing of an inlay is very important. Great care should be exercised and ideal manipulation employed in bring-

ing powder and liquid together in small amounts and thoroughly spatulating. Inasmuch as cement is composed of liquid and solid, it is reasonable to suppose that up to a certain point the best mixture is made by incorporating as much powder in the liquid as is possible, still leaving it fluid enough for the excess to flow ahead of the advancing inlay and permit of perfect adaptation of tooth and filling. Too little powder is dangerous, so it behooves one to have everything ready before the mixing is started. The cavity should be dried with chloroform without hot air, the theory being that, if the tooth is dehydrated too much, it absorbs the liquid portion of the cement much as a dry plaster model does when new plaster is applied, leaving the remaining mass considerably deficient. Care should be taken to keep the tooth and inlay dry after cementing, and to polish the margins during the following sitting with fine Arkansas stones.—*Dental Review*.

Along a line of interesting investigations of human anatomy, it has been shown that, "The organ of mastication in man has thirty-two teeth and 134 inclined planes in contact when in normal occlusion, the teeth being specialized for special foods, and operated by muscles with power that is only second to those of the heart. The roots of these teeth are slung in their sockets by a peridental membrane of white inelastic tissues which are supplied by one of the cranial nerves intimately connected with the general nervous system.

"The muscles of mastication in a normal subject will exert a pressure of from 100 to 200 pounds upon the first molars. It is reasonable to believe that this stimulus during normal function will bring about the highest degree of physiological action in the glands of the organ, and, if the gustatory nerve of the dog when stimulated by food on its tongue produces a primary flow of the gastric juice, we may assume that the reflex produced through this function would be a factor equal if not exceeding that of the sense of taste in stimulating these secretions. Experiments to illustrate this point will be shown later."

The employment of Tin-Gold as a filling material is nothing new, although but little of the technique concerning its use is given the student in schools, and but little is it discussed in our journals; nevertheless it possesses certain superior advantages over Gold when used in those deep-seated cavities, where perfect condensation and adaptation to the floor and walls of the cavity, would be almost impossible, were this combination not employed.

According to Dr. Barnhill, the cavity is prepared as for any gold filling, and foil in

cylinders or mats is used, making the cylinders slightly longer than the depth of the cavity to allow for condensation. First all the margins of the cavity are filled, and secured by keying with a center plug or wedge. All cylinders are forced to place and condensed by burnishing and malleting. A cohesive filling, taking an hour for insertion, can be put in in this manner in from ten to fifteen minutes, and constitutes a better filling on account of the adaptability of the soft foil to the margins of the cavity.—C. A. Barnhill, Dental Summary.

## As Others See Us

Dear Doctor:

The current number of your Journal was received and read with no little pleasure. I must commend you for the good thought your most worthy Journal contains.

Very truly,

Signed, A. H. WILSON, M. D.,

Indianapolis, Ind.

Dear Doctor:

The Journal came yesterday, and it is the "real article," and up-to-date in every particular.

Very truly yours,

Signed, MRS. J. P. H. COLEMAN,

1113 U Street, N. W., Washington, D. C.

Dear Doctor:

I look forward to the coming of the Journal with much interest, and I find it full of good material. I hope its life may be long and prosperous, and full of good.

Yours truly,

Signed, NORMAN LASSITER, M. D.,

548 35th Street, Newport News, Va.

I am just in receipt of the Journal, and consider it a splendid piece of compilation, with some very interesting information.

Very truly,

Signed, U. G. MASON,

1717 3rd Avenue, Birmingham, Ala.

## OF INTEREST TO PHARMACISTS

By Mrs. J. P. H. COLEMAN, Phar. D.  
WASHINGTON, D. C.

Dr. Solomon Bass of Portsmouth, Va. who has been associated in drug business with his brother for a number of years has recently opened a new store on County Street.

The LeDroit Park Pharmacy, owned and conducted by Dr. W. L. Smith, is now occupying the new and spacious building on the N. E. corner of Fourth and Elm Streets, Washington, D. C.

Atlanta, Ga., boasts of eleven drug stores, owned and conducted by Negroes. Among them are some of the finest in the state.

The Pharmaceutical Section of the N. M. A. would be glad to number some of the proprietors and pharmacists on the membership list.

Dr. Virginia Washington, of Washington, D. C., is the second lady of our race to pass the new Examining Board of the District. She has accepted a position with the Fountain Pharmacy, Gray and Gray, Proprietors.

Dr. Harry Pope, recently of Baltimore, Md., has opened a new drug store on H Street, Northeast, Washington, D. C.

Dr. Williston has recently opened a new drug store in Salisbury, N. C. While Salisbury is an old town, and especially noted for its educational advantages, this is their first attempt to support a drug store owned and conducted by Negroes.

Dr. Wm. A. Jones of Winston-Salem, N. C., is seriously considering retiring from the drug business. Dr. Jones has enjoyed for many years a most successful business, and it is no surprise to his many friends that he now contemplates giving up active service, and living off his income.

At a recent meeting of the North Carolina Board of Pharmacy, out of 13 colored applicants for the practice of pharmacy, 5 passed, and out of 46 whites, 10 passed. Thus it will be seen that the colored applicants made a higher percentage of passing than the whites.

For 4 years previous to this examination, there has not been a Negro to pass at the Capital City, Raleigh. Only 15 of 59 applicants who took the recent examination to practice pharmacy in the state of North Carolina passed.

## OF INTEREST TO NURSES

By Miss ELVIRA F. BECKETT

We are always glad to receive news from the nurses in various parts of the country. It is through these columns that we are endeavoring to become acquainted. It is hoped, by the time another year rolls round, that we shall have notes in our columns from nurses in all directions, and that the members of the National Association shall increase in numbers. Graduates of Tuskegee Hospital are certainly making a splendid record. We are also pleased to learn that Miss S. E. Barks, a nurse who has had a splendid practice in Washington, D. C., has been appointed head nurse of Freedom Hospital.

We have received a letter from Miss Laura Morrison, the young woman of whom we made mention of nursing in Panama. We were much impressed by the spirit of the letter, and publish it in the hope that it may interest those who read it:

To the Doctors and Nurses of the United States of America: Greeting:

I went to the Isthmus of Panama in 1910, and even though I was there eleven months, still, conditions were such that I did not enter into the medical life there, hence my facts concerning it are few.

I passed the Civil Service Exami-

nation without any difficulty. Other nurses can do the same if they try.

Those who go to Panama are given free, first-class passage from New York City. The salary for female nurses begins at \$60.00 per month with room, board and laundry. Male nurses receive more, and all are increased later. The hours are short, and the duties easy.

There are two American hospitals; one at Colon, the other at Ancon. The latter, especially, is a beautiful place. The insane asylum adjoins it. Dispensaries are scattered all along the line.

On the Isthmus there is a dry and a rainy season. It is surprising, but the rainy season is generally liked better than the dry, and though it is hot during the seasons during the middle of the day, the mornings and evenings are pleasant.

Bananas, oranges, limes, pears, mangoes, pineapples, cocoanuts, etc., grow abundantly.

The scenery is beautiful. There are few amusements for the colored—they have to learn to make their own. A visit to the beach with its pretty shells; refreshing baths in the bay; or a trip to nearby islands, principally Tobago, the American health resort, or a trip along the canal, may be enjoyed by all.

The natives are friendly Spanish speaking people, with beautiful faces. There are also to be found Chinese men and women, Indians, Americans and foreigners. All stages of civilization may be seen, and the observance of customs is interesting.

United States Government positions are open to all American citizens, regardless of race, creed or color, yet everywhere we see the naturalized Irish, German, etc., in these places, while the colored American is scarcely seen. The colored man and woman are capable of filling these positions, and they should do so. Leave home and do your duty. Provisions are made for the accommodation of families of employees, so there is no separation from loved ones unnecessarily.

When I arrived at Ancon, C. Z., I found that I was the only colored nurse among seventy-five white ones, therefore I was not particularly wanted. Not having any reason to discharge me, even at the end of my six months' probation, they placed me on duty in the cell wards of the insane asylum. This was done mainly to discourage me, thinking I would leave of my own accord.

I will not go into details concerning my experience there; but if we were all as faithful in doing our daily duty, as those people were in tormenting me, life's labors would be as sweet as a day in June. The head doctors and male nurses were the only ones, except the poor patients, who were civil to me.

Whenever I think of the way the

patients are treated, my heart bleeds. If any of my sister nurses ever undertake duties in such an institution, I beg of you to remember the Golden Rule, and endeavor to teach it to others.

When accepting a government position away from the United States, you will have to fight partiality, but do your duty and fight on. I hope that soon many will take the examinations and be appointed.

The Negro question will never be solved by talk or idleness. It will be solved when each individual steps fearlessly to the front, and works side by side with his white brother and sister, doing his work quite as satisfactorily—if not more so—than the other. But let us not forget to dwell in unity, for it is almost impossible for one to march forward alone like David of old to slay the giant of Race Prejudice.

Let us work together, and begin now while it is called Day.

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Miss H. Pauline Dickens, Class of 1911, Tuskegee Institute Hospital, is employed as assistant nurse at the Phoebe Putney Hospital, Albany, Ga.

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Miss Clara Chaplin, Class of 1911, Tuskegee Institute Hospital, is employed at the Port Royal Agricultural School, Beaufort, S. C. She is engaged in looking after the health of the students.

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Miss Hattie Pickett, Class of 1911, Tuskegee Institute Hospital, is employed at the Reeder's Hospital, Bessemer, Ala.

## CURRENT MEDICAL THOUGHT

### GENERAL MEDICINE AND THERAPEUTICS

#### THE TREATMENT OF THE AR- THRITIDES

After making the stereotyped pleas for differential diagnosis, and the usual statements of the specificity of salicylates in rheumatism, this author (Litchfield, Jour. A. M. A., October 21, 1911) becomes one of the first in this country to call attention to the use of radio-activity in the treatment of the chronic arthritides. The Germans have been employing it for two or three years, and quite a literature on the subject has accumulated in that language.

Immediately after the discovery of radio-activity in the popular spring waters, it was suspected that their therapeutic value might be due to this property. Animal experiments were then conducted, largely in Germany, to determine the physiologic effects of the emanations. The effect of the radium involved by choice the embryonic (ectodermal) tissues, tumors, etc. It attacks foreign bodies, such as uric acid, which has been placed under the skin. It seems to stimulate the activity of various ferments, as the pancreatic,

peptic, and lactic acid and the autolytic ferment in the tissues. In man it seems to increase the general metabolism. The chemotactic and phagocytic properties of the leucocytes are augmented. It increases the elimination of uric acid as well as its destruction into ammonia and carbonic acid. Mendel of Esson injects, intramuscularly, radio-active liquid of standardized strength.

The author closes with the suggestion that the radio-activity of the various American springs be investigated with a view to therapeutic utilization.

#### THE TREATMENT OF BRONCHITIS

Thomson (Medical Record, July 22, 1911) reminds us that without bronchitis, tuberculosis would remain isolated as in tuberculosis of bone. The incessant movements of the lung, more particularly coughing, conduce to the dissemination of the bacteria and prevents healing. Bronchitis, then, as a complication of pulmonary tuberculosis should never be neglected. For the purpose of making the expectoration more liquid oils should be adminis-

tered. Linseed oil, he thinks, is the best, and he gives this formula:

Rx.  
 Olei lini foz  $9\frac{1}{2}$   
 Olei gaultheriae.  
 Olei cinnamomi aa mm 80  
 Acidi hydrocyan. dil. mm 80  
 Glycerini mm 190  
 Syrupi foz  $6\frac{1}{2}$   
 Mucilag. Chond. q. s. ad oz 32  
 M sig—One to four teaspoonfuls.

For acute bronchitis:

Rx  
 Emuls. Olei lini foz 6  
 Morph. Sulph. gr. I.  
 Chloralis dr  $1\frac{1}{2}$

M

Tablespoonful an hour after meals.

In his experience linseed oil is superior to the old expectorant mixtures containing ammonium chloride, squills, etc.

#### DIGITALIS

MacKenzie (Heart, August, 1911) summarizes his findings as follows: The careful analysis of symptoms of patients to whom digitalis has been given brings out the fact that individuals react differently to the drug. So far as the heart is concerned the difference is partly dependent on the nature of the lesion. Patients with auricular fibrillation are more readily and more markedly affected than patients with the normal rhythm. Digitalis in a proportion of patients with normal rhythm affects the auriculo-ventricular bundle, more particularly, producing partial heart-block. It is suggested that the susceptibility of patients with auricular fibrillation may result from this tendency of digitalis, the change in the auricular condition rendering the bundle more susceptible to the influence of the

drug. There is much probability that in slowing the heart's rate digitalis acts by stimulating the vagus nerve. In two cases of tachycardia, rising from an abnormal source, digitalis caused the heart to revert to a normal rhythm, first inducing fibrillation of the auricle.

Its diuretic effects may be produced with no perceptible change in the heart.

#### MYOCARDIAL CHANGES IN ENDOCARDITIS

In the American Journal of the Medical Sciences for December, 1911, Harlow Brooks details the study of 287 cases of endocarditis and draws the following conclusions:

1. Myocarditis is an almost constant accompaniment of endocarditis whether acute or chronic.

2. The type and degree of the myocarditis is of heavy importance in the prognosis.

3. The Myocardial changes are far more often degenerative than inflammatory, the latter, in fact, being rather rare.

4. Reasoning from the analogy of infection degeneration in other muscles, the so-called parenchymatous degeneration is the initial change, followed, in the cases that recover, by fatty degeneration, later fibrous replacement and brown atrophy.

#### TREATMENT OF HEMOPTYSIS IN PULMONARY TUBERCULOSIS

Max Rothchild (Journal A. M. A., October 28, 1911) has treated, by means of artificial pneumothorax, seventeen cases of obstinate and se-

vere hemorrhage from the lung, cases in which the other well known remedies had failed, with satisfaction. He thus summarizes the indications for its use:

"1. Those which might be called safe indications: Severe one-sided involvement with a healthy other side, and no adhesions, or only fresh ones on the diseased side.

"2. Permissible indications: (A) Severe one-sided involvement, with fresh or not too old adhesions on the other side. (B) Severe involvement of one side, slight involvement of the other, not including more than one-third of the lung and without cavity formation. (C) Severe involvement of one side with adhesions, and obstinate hemorrhages with or without adhesions.

"3. Dubious indications: Severe involvement of one side and cavity formation of the lower lobe of the other lung.

"4. Contraindications: (a) Extensive involvement, with cavity formation, in the better side. (b) Thick and firm adhesions all over the side on which the pneumothorax should be made. (c) Severe complications of other organs. Although recommended chiefly for the rebellious cases of hemoptysis, many of the other symptoms are improved."

#### CHALK PASTE AS A SUBSTITUTE FOR BISMUTH PASTE

Owing to the disadvantage of the occasional nitrite poisoning following the injection of bismuth paste, Mitchell (Jour. A. M. A. July 21, 1911) proposes in its stead chalk

paste, which of course has no toxic properties. He reports a splendid result from the use of this substitute in the case of a large sinus sequent to a psoas abscess and a multiple sinus condition of the shoulder joint. He believes that besides being non-poisonous it is its equal in every other way and indeed has at least one point of superiority being chemically more active due to the calcium.

#### TREATMENT OF DIARRHEAS IN BOT- TLE-FED INFANTS

Bennett (Medical Record December 2, 1911) recommends in obstinate diarrheas Eiweiss Milch (albumin milk). The milder cases are improved by the use of the milk and water mixtures, boiled and without sugar. Diarrheas in older, well nourished children are satisfactorily managed by the use of barley gruel diet for a few days. For the infectious diarrheas, cathartics and starvation for forty-eight hours, after which boiled milk and water mixtures, albumin in milk should be given.

Great caution should be observed in the administration of cathartics to infants with diarrhea.

Brilliant results are obtained with the use of albumin milk by Finkelstein at the Kinder Asyl in Berlin. For the benefit of those who wish to make use of this feeding, directions for its preparation are herein given: A tablespoonful of essence of pepsin (any of the various digestants used to form whey would answer) is added to a quart of milk. The mixture is then heated to 100 F.,

preferably on a water bath. After standing 15 minutes the whey is poured off. The resulting curds are then strained for two hours in a muslin bag. The residue (Junket) is now placed in a fine sieve and it is gently pushed through with a potato masher, adding small quantities of boiled water all the while. This is repeated several times until the resulting mixture is perfectly smooth and without lumps. The amount of boiled water added should not bring the total quantity to over one pint. Lastly, to this one pint of previously boiled buttermilk and about a teaspoonful of malt sugar is added and the finished albumin milk is bottled and put on ice.

It is sometimes necessary to vary the carbohydrate content by increasing or diminishing the maltose or by adding starch in some form, depending on the age and condition of the infant. The use of cane or milk sugar is inadvisable.

The best practical discussion of albumin milk in English to date is perhaps that of Abt, N. Y. Med. Journ., Jan. 21, 1911, p. 121.

#### VARIOUS INFECTIONS AND INFLAMMATIONS IN CHILDREN TREATED WITH TINCTURE OF IODINE

From December 15, to July 31, 1911, 660 children were treated with tincture of iodine (New York Medical Journal, December 9, 1911).

The majority of cases were affections of the upper respiratory tract. In a large number of cases bacteriologic controls were made. He states

that he has seen severe sore throats clear up and heal in two or three days after one or two applications as if by magic, that ordinarily might take a week to cure by other methods of treatment. Although burning or pain is quite severe while it lasts, it does not last long. If the ordinary tincture of iodine seems too strong, equal parts of glycerine and tincture of iodine will be found satisfactory. He has used this preparation in the treatment of babes as early as one year of age with good results.

### SURGERY

#### OPERATIVE TREATMENT OF CHRONIC OSTEOMYELITIS

It will be remembered that Emil and Carl Beck, of Chicago, are the originators of the bismuth paste infection treatment which has found international favor in the profession. In consequence they have had referred to them a large number of chronic suppurative cases from all over the world for bismuth paste treatment. Carl Beck (Surg., Gyn., Obst., November, 1911) gives us the results of his observations and experiences in the treatment of this particularly obstinate group of cases. The pith of the paper is the emphasis put on the fact that the periosteum single-handed, is capable of regenerating bone. The failure to obtain complete cure in the cases that have come to him have been due to the practice of scraping out the bone with a sharp curette through small incisions. He evi-

dently does not use the paste except in conjunction with radical surgical procedures. Acting on the principle that the periosteum can regenerate bone, he advocates complete removal of the disease focus, not only the sequestrum but the cavity itself, taking care, of course, to preserve the membrane. This must be done even if the entire diaphysis has to be removed. In getting to the femur, he cuts through the quadriceps muscles, in spite of the alleged objection that it is unsurgical and the bursae about the knee may be inadvertently cut into. Its advantage is that better access to the shaft of the femur may be had; furthermore, there has never been any limitation of movement even after having been cut through two or three times. Where the focus is not very extensive, one should avoid the formation of irregular cavities which do not allow mechanical closure of the wound. The bone should be chiseled down so that a hollow trough without sides is made. The space created is filled with iodoform gauze, which is removed at the end of three days. It is then filled with bismuth paste. The skin is now drawn together with secondary sutures or simply adhesive plaster. The wound is left to heal of itself, or, if thought necessary, more paste may be injected from time to time.

#### THE CHOICE OF THE ANESTHETIC

Arthur Dean Bevan (Jour. A. M. A., December 2, 1911) awards the palm to ether as the choice anesthetic agent in the usual run (75% to 80%) of hospital cases.

Chloroform should be employed only in exceptional instances, as for example, laryngectomy where it produces less irritation and less likelihood of pneumonia than ether. It is a treacherous drug. Nitrous oxide is the anesthetic of choice for short operations, manipulations and examinations. Especially is it of good avail in operations on patients with seriously impaired kidneys, where there is an extremely bad condition as typhoid perforation, general peritonitis, etc., is contraindicated in patients with bad hearts. It is not as satisfactory in general as ether, has the disadvantage of not producing perfect relaxation, and is expensive. Therefore, it is unnecessary to use it where the patient is a good surgical risk. He is not particularly enthusiastic about local anesthesia, but concedes it a small field. Cocaine should always be used short of the toxic dose— $\frac{1}{10}$  to  $\frac{1}{4}$  grains—and should be combined with epinephrin. Where the amount of cocaine is not greater than  $\frac{1}{10}$  grain, it may be preceded by a small dose of morphine-scopolamine. In general, however, morphine-scopolamine (hyoscine) has so many dangers that its use should be abandoned or very much limited.

#### THE VALUE OF POSTURE IN AVOIDING VOMITING FOLLOWING ETHER ANESTHESIA

The author (Chandler) has found that by setting patients straight up immediately after laparotomy, vomiting from the anesthetic is largely avoided. For five years this procedure has been tried with satisfactory

results. In a note contributed to Surgery, Gynecology, Obstetrics, November, 1911, he gives a theoretical basis for the soundness of the method.

#### CAMPHORATED OIL TO PREVENT ADHESIONS

Hirschel (*Zentralblatt f. Chir.*, xxxviii, 11,022) uses it especially after perforated cases. Technique: Pus is removed as thoroughly as possible by mopping it up with dry or moist gauze. Then with gauze pad on a long holder, the warm 1% camphorated oil is mopped in excessive quantities over the entire abdomen. As much as three hundred grms. may be poured in Douglas' pouch. Camphor produces lasting stimulation of the heart and intestines, gas passing by the rectum soon after operation. Cases coming to autopsy or reopened show few or no adhesions.

#### A DISADVANTAGE OF IODINE AS A DISINFECTING AGENT

By experiment Propping (abstracted in the American Journal Medical Society, September, 1911, p 452) has shown that tr. Iodine is an excellent substance for producing adhesion between serous surfaces, and warns against laying the intestines directly on the iodine-treated skin. They should be laid on interposed towels or layers of gauze moist with saline solution. Otherwise, some substitute for iodine as a disinfecting agent must be found.

[The reader is referred to the abstract of an article by Zablodowski,

in which he suggests a method of skin sterilization with alcohol-tannic acid. See *Journal N. M. A.*, Vol. III, No. 4, October-December, 1911, p 404.]

#### TREATMENT OF UNUNITED FRACTURES

After enumerating the various well known constitutional and local causes of non-union, Percy (*Surg., Gyn., Obst.*, October, 1911) quotes with approval Crile's theory of fright as a causative factor in non-union following fractures. He cites two cases in his own experience in patients who were strong and healthy and in whom no other cause could be found, who gave a history of being severely frightened at the time of the accident.

In cases where apposition is good and a large callus has formed, but no bony union, the author recommends local irritation, as friction of the two ends (best under local anesthesia) followed by complete immobilization. Another method is to inject various irritants into and about the callus, preferably alcohol and tr. of iodine, or, as Schmieden has recommended, the patient's own blood. Where there is true non-union (not simply delayed union) open operation is the preferred treatment. The best method of fixation is still under dispute, but this writer, who is Ochsner's first assistant, after trying many other methods believes that the use of the Lane plates "is the only method which gives an absolute rigidity of the fragments and at the same time does not leave open any avenues for infection."

The end should be thoroughly exposed and freshened by means of chisel, curette or saw, great pains being taken not to injure the periosteum. The fragments are now securely fastened by screwing two steel plates to the sides of the bone. If possible, periosteum should be sewed across the line of fracture. The wound is immobilized in splints, or plaster of paris for two weeks, when the stitches are removed and the wound is dressed. Light and easily removable dressings are now applied, and at the third week, daily massage is instituted. Immobilization should be kept up until union is complete, requiring, in the experience of the author, 8 to 20 weeks.

In cases in which there is little or no attempt at bony repair, Judd, of Rochester, places an ivory plug one inch each way into the medullary canal of the bone fragments, acting on the knowledge that in chronic osteomyelitis new bone is formed around a sequestrum.

In un-united fractures of the neck of the femur, the ordinary nail (Trendelenberg, Meyer), the ivory nail (A. J. Gillette), silver nails (Wilson), the use of nails without incision (Nicoleyson), are all mentioned, but the writer favors the long wood screws of Lane. Free dissection is made, correct apposition accomplished, a three-inch screw is drilled through the femur at a point about one inch below the great trochanter, passing through the neck into the head of the bone. Closure without drainage. A Buck's exten-

sion is applied and about twelve pounds of weight attached.

Concerning the patellar fractures, the fascia together with the periosteum should be stripped back a short distance and two plates fastened into the fragments underneath the periosteum. The edges of the fascia and periosteum are sutured together with fine catgut over the plates and across the line of fracture. After the wound is healed, gentle massage is used, but no motion of the knee is allowed until union has taken place.

#### PAINLESS REMOVAL OF WARTS

Cates (Boston Medical and Surgical Journal, August 3, 1911) spurred by the general terror of patients for the knife sought a painless, non-cutting method for removal of warts and found it in the use of ethyl chloride.

He tells us that he has removed small warts with one application. A pledget of cotton wet in cold water is wrapped about the base of the wart to cover the surrounding skin. Then freeze the wart. Usually in two weeks the growths disappear. Chloride of ethyl is equally efficacious in moles and angiomas.

#### FACTORS IN THE MORTALITY OF APPENDICITIS

In studying three hundred operative cases with reference to the mortality, Wainwright (Surg., Gyn., Obst., November, 1911) is impressed with the fact that under our present methods a large number of fatal cases of appendicitis really die of something else, that is, a more or

less remote complication. From the standpoint of the pathological condition at the time of the operation he thus groups his cases:

Class 1. "Appendix acutely inflamed or gangrenous, but with no pus outside the appendix. Fifty-nine cases, three deaths.

Class 2. "Acute cases with localized abscess. Sixty-four cases, two deaths.

Class 3. "Acute cases with free pus. Twenty cases, nine deaths.

Class 4. "Chronic or recurrent cases. One hundred and fifty-seven with two deaths."

In order to demonstrate that the deaths are due largely to remote causes, he summarizes and discusses in detail his fatal cases, a brief of which is here given:

Group I. Recovery from operation and death later from pulmonary embolism. Two cases. The first died on the twenty-fifth day after complete recovery from the abdominal trouble. Autopsy showed thrombi in the pulmonary arteries. The second died on the eleventh day. No autopsy.

Group II. Deaths due to accidents and previous diseases. Two cases. The first came in with a cough (a so-called miner's asthma). On the tenth day, in a fit of coughing, he burst open the wound and died in twenty-four hours of general peritonitis. The second died on the ninth day in diabetic coma (had five per cent. of sugar on the day of the operation).

Group III. Cases making good recovery from operation and dying

afterwards from pulmonary infection. Three cases. First was a purulent bronchitis (death thirteenth day), second, lobar pneumonia (death sixteenth day), third, some lung condition (tuberculosis), sixty-ninth day after the operation.

Group IV. Cases making good operative recovery, but dying some time later on account of exhaustion due to fecal fistula. Three cases.

Group V. Cases dying with immediately continuing symptoms of abdominal sepsis. Six cases. (Thirty-seven per cent. of fatal cases, two per cent. of entire series.)

In discussing methods of reducing mortality, Wainwright lays great stress on the Murphy plan of after treatment. The biggest factor in avoiding complications is early operation. The late pulmonary infections in many cases depend on bad ether anesthesia—plus the history of alcoholism. Ether lowers phagocytic power (quoting Graham, *Journ., Inf., Dis.*, March, 1911) even when no operation has been performed. It has been shown that this reduction in phagocytic power can be prevented by injecting 150 c. c. of olive oil into the rectum. He believes the "get in and out quickly" practice taught by Murphy and others will show a lesser mortality in a long series of cases, although there may be a few more secondary operations.

#### EMPIRICISM AND PHARMACOLOGY IN THE MANAGEMENT OF POST-OPERATIVE CASES

In lively fashion, S. T. Pope in the *Journal A. M. A.* for October 21, 1911, breaks down many idols in the

treatment of post-operative patients. He first attacks the long held idea of pre-operative thorough purgation, invoking the recent studies and experiments of Alonzo Taylor in support of his position. The latter has shown that in the absence of a definite infection, no toxic absorption results from intestinal stasis, and where there is an infected bowel there is always diarrhea. Strasburger has determined that of the dried residue in the intestine, sixty per cent. is made up of bacterial content; in constipation this is reduced while in diarrhea it is increased. W. J. Mayo gives no cathartics immediately before operating on the colon. Further, he says, it is the flat bowel of purgation, one whose muscular tone has been depressed by purgation, is that most liable later to distention. An enema on the morning of the operation suffices to place the intestine in the maximal condition for operative procedures. The best all-round enema in his opinion is that of alum, one drachm to the pint. The colon tube should be abandoned. Only by miracle can it actually enter the colon; usually it curls upon itself in the rectum. The short tube is just as efficient, the fluid being carried upwards by reverse peristalsis, this being further favored by gravity.

The current practice of starvation is wrong in the light of studies on acidosis, recent contributions going to show that post-operative acetoneuria is due to starvation rather than to the anesthetic. The author claims that he has seen post-opera-

tive vomiting resist all measures, to be relieved only by the giving of carbohydrate foods, saving the tissues from that destruction which results in the formation of toxic acid purin katabolites. Several ounces of sodium bicarbonate per diem, by mouth and rectum, go far in neutralizing acidemia. He condemns the absolute withholding of morphine in patients suffering with pain. He says, "It masks nothing from the discerning eye; it fools only the foolish." The reviewer believes this condemnation is timely only if directed towards those who are extreme in their views concerning morphine. Much harm can be done if this advice is taken too literally, as it easily can be, by internes and younger surgeons. There can be little doubt, however, that by lessening pain we lessen shock, and thereby the possibility of post-operative ileus.

Gastric lavage is a good weapon.

Eserin pushed to its physiologic limit has been effective against tympanities.

Hypodermic medication in shock is futile. "Oxygen, salt solution and epinephrin are the only chemical agents that have a legitimate excuse for being used in this emergency. Other measures, of course, are of service but these are posture, tongue traction, compression of the limbs, and heat." Salt solution can be used in overdose. In profound vasomotor shock, he believes that venesection has a place.

Hexamethylenamine should be used extensively as a prophylactic in proposed operations on the brain,

urinary, biliary and other tracts. Experiments of Crowe have shown it to have a definite germicidal action on all the secretions and in the serous cavities of the body.

## OBSTETRICS AND GYNECOLOGY

### TREATMENT OF PUERPERAL SEPSIS BY INTRAVENOUS INJECTION OF BICHLORIDE OF MERCURY

H. M. Stowe (Clinical Medical Record, September, 1911) concludes after one hundred and eighty-five injections to twenty septic patients that bichloride of mercury intravenously is worthy of trial in serious cases of puerperal sepsis. He has seen no bad effects and he states that the dangers of embolism are greatly overestimated. Two precautions should be observed: Keep the teeth clean and omit use of salines.

### SERUM IN THE TOXEMIA OF PREGNANCY

Rubsammen (Zentralblattf. Gyn., No. 21, 1911) reports negative results in the treatment of toxemia of pregnancy by injection of serum from another pregnant patient.

### PROLONGED PREGNANCY

A. H. Wright (Journal Canadian Medical Association, Vol. 1, p 944—abstr. in American Journal Obst., December, 1911) considers that it would be good practice to induce labor as a routine within a few days before term, in the interests both of the mother and the child. He concedes the difficulty sometimes of accurately and positively determining

just when "term" is reached, but thinks that the expert practitioner soon learns in the doubtful cases to estimate by combined internal and external examination the probable full development of the fetus. In the doubtful cases one may wait a week over the calculated time. In any case, however, it is safer to induce labor one or two weeks before than the same length of time after "term." At the end of seven months the average weight of the fetus is 1400 gms; at the end of eight months the weight is 2200 gms; at the end of the ninth month, 3470 gms, the last month's increase being nearly fifty-eight per cent. Reasoning from this the probable increase in the tenth month is 2,000 gms; or a child weighing seven pounds at term will weigh eleven pounds at the end of another month, and a child weighing nine pounds will in the same time increase to thirteen or fourteen pounds. We are reminded too that ossification continues with resultant decrease in the flexibility of the cranial bones. The mother's nervous condition is unfavorably effected, she becomes depressed and her general health is impaired in many ways. In these overtime cases "interference is often necessary and the results are frequently, if not usually, disastrous to both mother and child."

It may be remarked that this question is worthy of consideration, prefacing the statement always with the reminder that this teaching is very susceptible of abuse. Many obstetricians believe that in selected cases it is good obstetrics to artificially induce

labor at term. DeLee, of Chicago, has advocated it and had contributed an article on the subject to *Surgery, Gynecology, Obstetrics*, 1907. The abstracter has seen at least two cases in which the procedure was thought to be indicated, in one of which it was carried out, and in the other, subsequent developments caused him to feel that it should have been.

Yet the teaching that it should be a routine procedure in cases apparently going to term will probably do much harm, and the accoucheur should interfere only after due deliberation. The author neglected to anticipate the objection of "risk of infection" in this measure, which seems except in the uncommon cases, to border on "meddlesome mid-wifery."

#### NASAL TREATMENT OF DYSMEN- ORRHEA

In cases where no discoverable gynecological cause is present, Brettau (Am. Journ. Obst., lxiv, 215) has found that the application of twenty per cent. cocaine solution to turgid nasal mucous membrane often gives relief. When this has found to relieve, appropriate rhinologic treatment with cautery, removal of turbinates, etc., will sometimes complete the cure. In some of the cases the effects have been marvelous. Four cases are reported.

#### MISCELLANEOUS

##### ACTION OF ANIMAL EXTRACTS UPON THE SECRETION OF THE MAM- MARY GLAND

Experiment concerning the effects of the internal secretions are of

absorbing interest at the present period of medical knowledge, and especially so when they appear to have a direct practical bearing. Of such is the report of Ott and Scott in an article (*Therapeutic Gazette*, October, 1911) having the above title. After quoting some of the pertinent literature, they report their own work in which they tested the action of infundibulin (five drops of extract by vein), thymus one grain, corpus luteum (ten drops) pineal gland (one grain, five grain). Results of their experiments may be summarized as follows:

Infundibulin starts the flow of milk in about one minute from the beginning of the injection and reaches its height in about four minutes, after which it rapidly falls to normal. Corpus luteum, pineal body, and the thymus increase the quantity of milk four-fold in five minutes. The extract of ovary minus the corpus luteum had no effect. Boiling the thymus destroyed its activity in accelerating the flow of milk.

##### VARIATIONS IN THE TOXICITY OF THE NERVOUS TISSUES IN ANA- PHYLAXIS; PRESERVATIVE AC- TION OF LECITHIN

Mm. Ch. Achard and Ch. Flandin in presenting the results of their work on this question before the *Societe de Biologie*, meeting of July, 1911 (*Semaine Medicale*, August 3, 1911) recall their original announcement that toxic properties reside in the brain of animals who have succumbed to anaphalactic shock, pro-

duced by diphtheritic antitoxin. Since that time they have made forty control experiments, thirty-five of which were on guinea pigs and five on rabbits. These confirmed the existence of a poison (apotoxin of Richet] in the nerve tissues not only when the injection was made intracranially, but also when injected into the peritoneum. This poison manifested itself by the production of shock. They were further led to see if they could [as in certain elective intoxications of the nervous system] protect the organism against anaphylactic shock by the injection of lipoids. To this end they injected ovoidlecithin either in the muscles or

into the peritoneum of animals sensitized and prepared to receive the shock. But the injection of 5 c. c. two hours before the introduction of the tissue extracts or of 2 c. c. immediately before the introduction of the latter completely preserved the animal against shock.

#### HEMORRHAGIC DISEASE OF THE NEW-BORN

O. V. Wells (Boston Medical and Surgical Journal, May 18, 1911) reports two cases in one family. The first died. The second, with umbilical hemorrhages, ecchymosis, and hematoma was cured by injections of fresh rabbit serum.

### As Others See Us

A copy of the N. M. A. Journal received this morning. It is certainly a most worthy effort. From a casual observation of the title page, I am sure I shall be greatly repaid by a close perusal, and as a result shall pluck many helpful hints therefrom.

Very truly,

Signed, J. S. OUTLAW,  
Los Angeles, Cal.

In my opinion the Journal is the best effort we have ever made along the line of journalism. It is a God-send to the profession in the land. Here is hoping that we will all get behind you and help push it along.

CHAS. F. SNEED, M. D.,  
Langston, Okla.

Other nurses are as well pleased with the Journal as I have been. I trust the coming year will bring it continued success.

ELVIRA F. BECKETT,  
1923 N. 11th Street, Philadelphia, Pa.

## POST GRADUATE DEPARTMENT

### STATE BOARD QUESTIONS AND ANSWERS

#### A. Anatomy and Physiology

##### 1. Name the ductless glands.

Answer—The hypophysis cerebri (pituitary body), the pineal, carotid, thyroid, parathyroids, thymus, supra-renal, and coccygeal glands.

##### 2. In what bone does ossification commence first?

Answer—The clavicle.

##### 3. Name and locate the ventricles of the brain.

##### 4. Name the structures contained in the middle mediastinum.

Answer—The pericardium, heart, ascending aorta, lower part of the superior venacava, the termination of the vena azygos major, the bifurcation of the trachea, two bronchi, pulmonary artery, right and left pulmonary veins, phrenic nerves, arteria comes nervi phrenici, and bronchial lymph nodes.

##### 5. Name the muscles of quiet respiration.

Answer—Diaphragm, scalenus anticus, medius, and posticus, external and internal intercostals, and levatores costarum.

##### 6. Give functions of tenth cranial nerve.

Answer—a. Motor to pharynx, esophagus, stomach and intestine; to the larynx, trachea, bronchi, and lungs.

b. Sensory, and to some extent, vasomotor (?) to same regions.

c. Cardio-inhibitory.

d. Inhibitory afferent impulses to the vasomotor centers.

e. Excito-secretory to the salivary glands.

f. Excito-motor, in coughing, vomiting, etc.

##### 7. The effect of section of the spinal accessory on the heart's action?

Answer—To quicken it.

##### 8. Name the properties of cardiac muscle.

Answer—a. Stimulus production.

b. Excitability.

c. Conductivity.

d. Contractivity.

e. Tonicity.

##### 9. To what is the acidity of urine due, and what kind of food lessens it?

Answer—a. Acid sodium phosphate and [not uric acid as is often written in examination papers].

b. Vegetable diet tends to lessen acidity.

##### 10. What is the bundle of His, and what is its significance?

Answer—The bundle of His, otherwise known as the auriculo-ventricular bundle, is a band of primitive fibre of highly specialized conducting power which begins at the auriculo-ventricular node (situated in the wall of the right auricle,

near the mouth of the coronary sinus) and passes down to the auriculo-ventricular septum, dividing there into two strands, one of which passes to the right, the other to the left ventricle. Its function is to convey contraction stimuli from auricle to ventricle.

#### PRACTICE OF MEDICINE

1. In what diseases do night sweats occur?

Answer—Those producing fever or prostration, or both: phthisis, syphilis, rheumatism, typhoid (especially in the convalescence), septicemia, chronic suppuration, alcoholism, and neurasthenia.

2. Give the essential features of myxedema.

Answer—Atrophy of the thyroid glands, increase in weight, thickening of the skin, mental dullness, sluggish movements, anemia.

3. Significance of decreased percussion resonance over the lung.

Answer—*a.* Consolidation of the lung, as in pneumonia and tuberculosis.

- b.* Tumor of lung or pleura.
- c.* Abscess.
- d.* Infarct.
- e.* Collapse of the lung.
- f.* Fluid in the pleural cavity.

- 1. Serum
- 2. Blood
- 3. Pus

4. Differential diagnosis between septicemia and pyemia.

Answer—Septicemia begins with a rigor followed by a rise of temperature up to 104° F, which remains constant. The pulse is weak and progressively rapid, there is anorexia,

constipation, which is followed by diarrhea; urine contains albumin; the temperature may later become subnormal. There are no repeated rigors and no secondary (metastatic) abscesses.

Pyemia begins with the rigor which may last for a half hour and is repeated every one or two days. The temperature rises as in septicemia but rapidly falls and at the same time the patient suffers a profuse perspiration. The pulse is weak and rapid; there may be delirium, with jaundice, and signs of abscesses in the lungs, joints, etc. There are repeated rigors and secondary abscesses.

5. Name the commoner causes of ascites.

Answer—*a.* Diseases of the liver (cirrhosis, syphilis, and neoplasms).

*b.* Stasis in heart disease.

*c.* Tuberculous simple chronic peritonitis.

*d.* Profound anemias (pernicious anemias, leukemias, malaria, etc.)

*e.* Cancer of the peritoneum.

*f.* Renal disease.

*g.* Pressure—aneurysm, abdominal or ovarian tumors.

6. Various locations of the lesion in hemiplegia.

Answer—*a.* Cortex cerebri.

*b.* Corona radiata.

*c.* Internal capsule.

*d.* Corpus striatum.

*e.* Optic thalamus.

*f.* Crura cerebri.

*g.* Pons.

*h.* Medulla oblongata.

## SURGERY

1. What are the most usual locations for aneurysms?

Answer—Thoracic aorta, abdominal aorta, popliteal, femoral, carotid, subclavian, innominate, axillary, and iliac arteries.

2. What important structures may be injured in a herniotomy?

Answer—The obturator artery, if abnormal; the deep epigastric; the spermatic cord, in the male; the round ligament in the female. The latter is not of much consequence, but if the spermatic cord is cut, the vasdeferens and spermatic artery are also severed.

3. Classify burns.

4. What is shock?

Answer—Shock is a peculiar state of reflex depression of the vital functions, especially of the circulation. It is due to nervous exhaustion from irritation of peripheral ends of sensory and sympathetic nerves. Paralysis of the medulla (especially the vasomotor centers) is the main feature. The result is that the blood is unequally distributed. The large abdominal veins are overfilled, the right heart dilated, lungs and brain are anemic. Latest researches seem to show that there is often a large emotional or psychic element in the production of shock.

5. Give the symptoms of shock.

Answer—Pallor of skin and mucous membranes; loss of facial expression; eyes dull and pupils dilated, slowly reacting to light; head bathed in cold sweat, muscular relaxation; feeble, irregular and sighing respirations; delayed, irregular and

weak heart action; subnormal temperature; mental torpor.

6. Treatment of shock.

Answer—Lower the head end of the body; application of external heat, hot water bottles etc., black coffee, hot per rectum; epinephrin; solution: ( $\frac{1}{1000}$ ) directly into the vein; artificial respiration; rhythmic traction on the tongue. If a sufficient number of assistants is at hand, all these measures may be carried out simultaneously. If shock from hemorrhage, normal saline solution intravenously may be of value after all bleeding has been attended to. Otherwise it is contraindicated.

7. What is a fistula?

Answer—A fistula "is an abnormal opening into a normal cavity, or a long narrow channel indisposed to heal."

## PRACTICAL POINTS IN DIAGNOSIS AND TREATMENT

Ascites unaccompanied by edema elsewhere, in a patient age 60, with emaciation, would most likely be a case of carcinoma of liver and stomach. If history of alcoholicism, cirrhosis would have to be excluded, Ascites in youth and middle age are most likely to be caused by tuberculous peritonitis, especially if there are few or no other symptoms.

The usual significance of moaning and grinding of teeth during sleep is functional cerebral irritation; no organic disease. Common in rickets and neurotic children. (Cabot.)

Tumors commonest in children: Sarcoma of the kidney, congenital cystic kidney, dilated colon, second-

any enlargement of spleen and liver.

Belladonna begins to act in about twenty minutes and is eliminated slowly. Should not be given during digestion. Ceases to act in about three hours.

Cramps in the calf of the leg may be due to over exertion, chronic nephritis, diabetes, gout, alcoholism (last three, neuritis), hysteria, trichiniasis. (Butler.)

Pericarditis (to say nothing of pneumonia and pleurisy) may, especially in children, cause symptoms exactly simulating intra-abdominal disease.

In a patient with tachycardia showing no temperature or manifest cause for it, a careful examination should be made having in view the possibility of hyperthyroidism.

#### PRACTICAL POINTS

According to Osler, "the following may be considered favorable circumstances in the prognosis of pulmonary tuberculosis: A good family history, previous good health, a strong digestion, a suitable environment, and an insidious onset without high fever and without extensive pneumonic consolidation. Cases beginning with pleurisy seem to run a more protracted and more favorable course. Repeated attacks of hemoptysis are unfavorable."

Dizziness may indicate: Neurasthenia, congestion or anemia of the brain, eyestrain, disease of the internal ear, meningitis, tumor of the cerebrum or cerebellum, gout, indigestion, heart disease, arterio-sclerosis, auto-intoxication; also may be caused by drugs.

Surprising results will sometimes be obtained in treatment of functional sexual impotence in the male by deep instillations of 20 to 30 c. c. of epinephrin solution (1 to 1,000). (U. G. Daily.)

One of the most convenient and accurate methods of testing urine for the use of general practitioners is by means of Robert's reagent which has the following formula:

Saturated Solution Magnesium sulphate, 5 parts.

Nitric acid (C. P.) 1 part.

M.

A small quantity of the cold solution is placed in a test tube; the urine is brought in contact with the test solution by means of a smooth ended glass tube. When albumen is present a ring of coagulum appears at once at the line of contact.

The following are the commonest causes of frequent micturition in youth: Nervousness (especially in girls), hyperacid urine, phimotic foreskin, gonorrhea, cystitis, diabetes (either type).

Hugh T. Patrick (Transactions Miss. Valley Med. Soc., Journ. A. M. A., October 1, 1910) states that the following have been referred to him, diagnosed as trifacial neuralgia: Migraine and sinus disease most. Others upon exhaustive examination have proved it to be: Syphilis, brain tumor, alveolar abscess and other dental disease, nasal disease, herpes-zoster, neurasthenia and lesion of optic thalamus.

The following diseases are most often diagnosed "rheumatism": Osteomyelitis, neuritis, arthritis deformans, tabes, gallstone disease, tuberculous or syphilitic osteitis, aortic aneurysm.

## SOCIETY NOTES

### History of The Lone Star State Medical, Dental and Pharmaceutical Association

\*By J. H. WILKINS, M. D.

VICTORIA, TEXAS

To the President, Officers and Members of the Lone Star Medical, Pharmaceutical and Dental Association of Texas:

I assure you gentlemen, that while the task of giving a short history of the origin and growth of this honorable Association is a high honor conferred upon me, yet I feel my inability to do justice to this very important subject.

However, about the month of August, 1886, in the city of Galveston, Texas, this noble Association had its birth in my office on Market Street. There were present Drs. Ramsey of Houston, Starnes, Blakeley and Middleton, possibly one or two others, my memory fails to retain. It may be possible the object and purpose of that little number of colored doctors may not be known. We formed ourselves into a temporary organized body, at that time, with the intention of offering ourselves as a body to the State Medical Association of Texas. As we understood medicine at that time, there was no Color Line drawn, and we decided that we needed the good of organized association as other people. Our plan was, if we were

rejected, we would organize ourselves into a permanent organization. This was done at our next annual meeting.

If my memory serves me rightly, Dr. Starnes of San Antonio presented our case to the white Medical Association at San Antonio, before our next regular meeting.

I was informed that the white association discussed the matter of our admission for several hours; and at times, it was thought it would be accepted, but the opponents injected into the discussion the social function of the organization, that the people had tendered them at their annual gathering, and on that proposition the opponents won out. I now give the information, why and how we came into our organization as we find it today.

I wish to state that the Lone Star Medical Association is not unlike other organizations of its kind. It has had its rise and fall; and at times, it seemed that it was dead, but a few of the faithful came together and raised the old banner again: for some time before and up to 1900 after the great Galveston storm had heaved your humble ser-

\*Read before the Dallas meeting, October 21, 1911.

vant into the city of Houston. When we seemed more dead than alive, we gathered about us the Houston doctors, and began to talk organization to them, and with some persistent effort, we succeeded in organizing a County Medical Association; then we began to inquire about the old Lone Star Medical Association, and during the winter of 1900, we succeeded in getting a number of doctors in different portions in Texas, and we reorganized the Lone Star Medical Association with your humble servant as President of this honorable association which met at Austin, Texas, in 1901. This meeting was very highly profitable; and ever since, we have witnessed its steady growth.

We would here commend the liberal spirit of our brethren for the noble act of adding two other sister alliances who are closely associated with us, namely, The Pharmaceutical and Dental Departments; these twin sisters of ours, we feel that they need us and we need them, while we are in embryonic state; though doubtless the time will come when the members of each will be amply able to take care of themselves; however, we hope the time will never come when we shall sever our cordial and fraternal feeling for each other, though we may not meet in the same convention or at the same time and place.

Gentlemen, there is some sadness mingled with our pleasure and gladness when we look over and count the many pleasant moments

we have spent together—I mean the familiar faces that used to greet us at the annual gatherings are now gone to greet us no more. Some of those doctors, I can now recall to mind, namely, Doctors Snowden, Blakley, Middleton, Scott and others we used to meet. All we can say is peace to their memory, and we hope to meet them in a better world.

We wish to speak a word about the most of our officers, for they have been energetic and courteous to all the members; we might say as was said by our honorable Dean, of Meharry Medical College, Dr. George Hubbard, some years ago at the Houston convention. He said he never saw a truer spirit of fraternal feeling than was manifest among the doctors at that convention.

We hope this real fraternal feeling will continue to grow more and more as the years roll around.

Brethren, allow me to say in conclusion that we have seen and know enough that our destiny is in our own hands. We can accomplish whatever we are so mind to do since it is right and just, therefore, we can, with our combined efforts, make the Lone Star Medical, Pharmaceutical and Dental Association a great benefit and power to ourselves and those we are to serve if we will set our hearts and heads to our task in the future as we have in the past. It is true our path is not strewn with roses, however, we will but strive harder to accomplish the more, and finally reach the goal. The

race is not to those who start, but to those who hold out to the end.

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The Lone Star State Medical, Dental and Pharmaceutical Association held its twenty-fifth annual session in Dallas, October 24th, 25th and 26th. Dr. N. J. Atkinson, President, Dr. W. H. Crawford, Vice-president, Dr. R. T. Hamilton, Secretary, Miss A. E. Hughes, Ph. C., Treasurer.

In many respects this session was the most interesting and profitable in the history of the organization. The attendance was larger than ever before and deep interest in the proceedings was maintained throughout the session. 'The Presidents' Annual address contained many valuable recommendations; it was eloquently delivered and very impressive. The papers, which covered a wide range of subjects in general medicine, surgery, sanitation, hygiene, pharmacy and dentistry, were well prepared and thoroughly discussed.

At the public session held Tuesday night, at St. James A. M. E. Church, several addresses of welcome and responses were delivered. Dr. Hamner, City Chemist, representing the Mayor, welcomed the Association in behalf of the citizens of Dallas. Dr. A. W. Nash, City Health Officer, delivered a short address on Public Sanitation.

During the session a series of surgical operations were performed at the Bluitt Sanitarium. Dr. Bluitt

was assisted in these clinics by Drs. F. A. Bryan, J. T. Welch, P. M. Sunday, H. E. Lee, G. M. Munchus, H. N. Whitby and J. Wade. Drs. E. D. Moten and J. D. Dixon conducted the medical clinics which were very profitable.

Following the able papers of Drs. M. H. Leach and H. E. Lee on the subject, Tuberculosis in its many phases, and especially as it affects the Negro, was discussed at length.

The Dental Section was well represented. The session that was devoted to their papers was very interesting. Dr. M. C. Cooper of Dallas, presided over this meeting. Throughout the session dental clinics were held in the office of Dr. A. H. Dyson of Dallas, where the latest scientific methods in dentistry were demonstrated. The dentists elected the following officers to look after the interest of their section, and to work up a larger attendance for next year: M. C. Cooper, D. D. S., Dallas, President; Mrs. Ollie L. Bryan, Dallas, Vice-president; N. T. Wallis, D. D. S., Ft. Worth, Secretary; H. M. Whitby, D. D. S., Houston, Treasurer.

The paper on Pharmacy as a Profession by Miss A. E. Hughes, and that of Dr. E. T. Summytt on Commercial Pharmacy elicited considerable discussion.

Resolutions were adopted condemning druggists for giving and physicians for accepting commission on prescriptions. Also condemning physicians for dispensing in localities where there are first-class drug

stores, and pharmacists for counter prescribing where there are reputable physicians. Resolutions were also adopted directing the President to appoint a committee of nine to investigate the advisability of establishing a sanitarium at some place in the state—the same to be owned and controlled by the members of the Association.

At the Wednesday morning session Dr. M. M. Smith, former Secretary of the State Board of Medical Examiners, was introduced. He spoke very encouragingly to the Association, and complimented the members for their efforts to maintain a first-class organization among themselves for mutual benefit.

The following officers were elected: President, F. A. Bryan, M. D., Dallas; First Vice-president, H. E. Lee, M. D., Houston; Second Vice-president, W. A. Willis, D. D. S., Galveston; Third Vice-president, D. V. Hooper, Ph. C., Dallas; Secretary, R. B. Barnes, M. D., Cleburne; Treasurer, Miss A. E. Hughes, Ph. C., Clarksville; State Vice-president for the National Medical Association, N. T. Wallis, D. D. S., Ft. Worth; Representatives to the National Medical Association, N. J. Atkinson, M. D., Greenville; J. L. Cockrell, D. D. S., Waco.

Chairmen of Sections: G. M. Munchus, M. D., Clarksville, Surgery; T. W. Sparks, M. D., Terrell, Practice of Medicine; T. A. Webster, M. D., Austin, Gynecology; F. W. Adams, M. D., Fort

Worth, Tuberculosis; S. W. Hooks, M. D., Bryan, Obstetrics; J. H. Dodd, M. D., Dallas, Pathology; C. L. Morgan, M. D., McKinney, Genito-urinary Diseases; L. D. Cook, M. D., La Grange, Hygiene; H. M. Whitby, D. D. S., Houston, Dentistry; E. T. Summytt, Ph. C., Ft. Worth, Pharmacy.

Waco was selected as the place for the 1912 meeting. Sixty-eight members were present.

#### DR. H. C. SCURLOCK AT HARRISBURG, PA.

On Friday night, November 3rd, the Central Pennsylvania Medical Society held its first public meeting in the auditorium of Wesley A. M. E. Zion Church. An endeavor on the part of the society was made to create an unusual interest in this public meeting in view of the nature of its program and a representative and appreciative audience was present.

Dr. Herbert C. Scurlock, of Washington, D. C., was the guest of the Society on the occasion and delivered the address of the evening, using as his subject, "The Preservation of Health." Dr. Scurlock dwelt at length on the lack of attention to personal hygiene, the carelessness in observance of the rules of hygiene and sanitation in the home, and touched most forcibly on the promiscuous use of home remedies and particularly the obnoxious and dangerous practice found in the use of patent medicines.

Dr. Scurlock's experiments as professor of chemistry in Howard University and his services as Presi-

dent of the District of Columbia Medico-Chirurgical Society, fits him well as a critic in this regard. His references to the hygiene of social contact were so full of practical advice and timely instruction as to make it doubly regrettable that the entire community could not have been present.

In bringing Dr. Scurlock to this city, the Medical Society deserves no small degree of credit, inasmuch as his ability as a student of science and lecturer, his clearness of delivery, and simplicity of words, coupled with the force of his logic, makes him a rare treat to any community.

Dr. and Mrs. Scurlock were the guests of Dr. Crampton while in the city and were royally entertained by Mrs. Bowser in her home on Foster Street.

After the lecture on Friday evening Dr. Scurlock was the guest of of the Society at an informal smoker at the residence of Drs. Lewis and Crampton on Fourth Street, among the guests of the society being, Mr. J. Justin Carter, Mr. Robert J. Nelson and Mr. W. H. Craighead.

Dr. Scurlock has promised to return to this city in the near future and address the Forum.

## As Others See Us

Find enclosed one dollar for a new subscriber. My talent and one more. Will you not say Well Done?

With best wishes for the onward march of the Journal.

Fraternally yours,

Signed, A. W. SPRINGS,  
Dewmaine, Ill.

Dear Sir:

Just received the second issue of the Journal. I find it very interesting. Although I read several, I take unusual pride in the N. M. A. Journal, being one of our own product. I think it is a credit to the profession.

Signed, W. B. BEATTY,  
Cairo, Ill.

## SOCIETY AND PERSONAL

By DR. W. G. ALEXANDER  
14 WEBSTER PLACE, ORANGE, N. J.

(All news items, personals and society reports should be sent direct to the Associate Editor, who welcomes the receipt of all desirable matter. The interest and value of this department may be greatly increased if secretaries of societies will regularly send in reports of the meetings of their organizations.)

The Tidewater Medical Society of Virginia is one of the few societies that is composed exclusively of physicians; the membership includes all those physicians residing in the cities adjacent to Norfolk. The officers of the society are: President, Dr. F. G. Elliot, Portsmouth; Vice-president; Dr. R. L. Whittaker, Newport News; Secretary-Treasurer, Dr. W. T. Jones, Newport News.

At the December meeting of the organization the following papers were read and discussed: "Chronic Bright's Disease" by Dr. W. E. Atkins, Hampton; "Longevity as a Characteristic of the Life of Gonococcus," by Dr. F. G. Elliot.

At the next meeting of the society, papers will be read by Dr. P. L. Barbour of Norfolk and Dr. A. B. Green of Berkley.

### NORTH CAROLINA ITEMS

Dr. J. W. Jones of Winston-Salem, a member of the Executive Board of the N. M. A., has recently been elected Grand Chancellor of the Knights of Pythias of North Carolina.

The New Leonard Hospital at Shaw University is nearing completion. Although it will not rank as the largest Negro Hospital, yet it is conceded that it will be the best equipped, every modern surgical and hospital appliance being incorporated in the plans. The need of this hos-

pital has long been felt; and its addition to the Medical School will place Shaw well in the forefront of "all" medical schools.

Through the liberality of the American Tobacco Co., Lincoln Hospital of Durham, now has the services of a settlement worker and visiting nurse. Miss Julia Latta, a graduate of St. Agnes Hospital, Raleigh, and Superintendent of Nurses at Lincoln Hospital, has charge of the work; and has been able to accomplish visible results by personal instruction in the elements of sanitation and hygiene. As one doctor reports "she has taught the people everything from washing floors to whitewashing fences."

Mr. Charles Malette, Ph. G., one of the best known druggists in Raleigh has been seriously ill, with little hope of complete recovery.

Dr. P. E. Robinson, a graduate, and one of the honor men at Northwestern University, has located at Durham.

At a cost of more than \$2,000.00 the Messrs. Duke, the munificent benefactors of Lincoln Hospital at Durham, have equipped that institution with a complete heating plant.

At the December meeting of the Board of Pharmacy of North Caro-

lina thirteen Negroes presented themselves for examination, five were awarded licenses to practice.

#### NEW YORK NEWS

At the November meeting of the Medico-Chirurgical Society the following officers were elected: President, Dr. A. S. Reed; Vice-president, Dr. Charles H. Roberts; Secretary, Dr. J. E. Cabannis; Censor, Dr. E. P. Roberts; Treasurer, Dr. P. A. Johnson.

At the December meeting of the society, which was held at the office of Dr. Charles Roberts, the paper, entitled, "Infant Feeding," was read by Dr. E. P. Roberts. At this meeting an interesting case of muscular atrophy was presented for demonstration.

In September a number of physicians residing in the Harlem section of New York met at Anderson's Apothecaries Hall and organized the Aesculapian Medical Society; its meetings are held the last Friday evening of each month. These officers were elected: President, A. St. Clair Jones; Secretary, Dr. E. E. Rawlins.

At the December meeting of the society the following papers were read: "Pruritus Urethrae," by Dr. Geza Greenberg; "Pruritus Vulvae," by Dr. C. I. Hoage.

The McDonough Memorial Hospital Association is the name of the organization, which has for its object the rehabilitation and maintenance of the McDonough Hospital. The

association is composed of physicians and laymen, who by donations, entertainments and the aid of the "Ladies Auxiliary" have created a fund of more than \$800.00. The officers of the association are: President, Dr. R. A. Taylor; Vice-president, Dr. A. S. Reed; Secretary, Dr. J. F. Thorpe; Treasurer, Dr. H. M. Griffin. A charity ball in aid of the association will be given in May.

Mr. Pleasant, who for many years has been chief drug clerk in the Beyer Pharmacy at 7th Avenue and 134th Street, has, through purchase, become part owner of the establishment.

Mr. Holly, who has occupied a responsible position in the Hegeman drug stores for many years, has opened a modern pharmacy on Madison Avenue, near 134th Street.

Dr. Harper, who has been located at W. 63rd Street has removed to Raleigh, N. C.

Dr. Edward E. Best has removed from W. 61st Street to 358 W. 36th Street.

Dr. J. F. Thorpe of 58 W. 99th Street has opened a branch office in W. 132nd Street.

Dr. Gladstone W. Hinkson, Howard, 1911, has located at 389 Cumberland Street, Brooklyn.

#### WASHINGTON, D. C., ITEMS

Recently the Freedman's Hospital Medical Society was organized; it is composed of the Visiting Staff and internes of Freedman's Hospital; the

medical faculty of Howard University and the members of the senior class. Its object is to encourage original work and research. The officers for the ensuing year are: President, Dr. A. S. Lamb; Vice-president, Dr. A. M. Curtis; Secretary-Treasurer, Dr. C. A. Allen; Board of Censors, Drs. E. A. Balloch, Wm. C. McNeill and H. H. Hazen.

The December meeting of the Medico-Chirurgical Society was held at Howard University medical building. At the conclusion of the regular business, the President, Dr. H. C. Scurlock, delivered his annual address. The following officers were elected for the ensuing year: President, Dr. James C. Dowling; Vice-president, Dr. W. H. Wilson; Recording Secretary, Dr. H. J. Williams; Corresponding Secretary, Dr. Charles A. Tignor; Treasurer, Dr. E. H. Allen; Librarian, Dr. R. A. Mundy; Board of Censors, Drs. H. C. Scurlock, Albert Ridgely, J. H. Johnson, Charles H. Marshall and John W. Mitchell.

#### VIRGINIA NEWS

During the session of the Virginia Board of Examiners at Lynchburg, several candidates from Shaw, Howard and Meharry were present for examination. Unfortunately one of the applicants was caught "cribbing" and dismissed from the examination.

Dr. Roberts, Howard, 1910, has located at Roanoke, Va.

Dr. J. H. Bugg of Lynchburg, has been visiting in Savannah, Ga.

Dr. R. W. Lomax, Lynchburg, has recently moved to his new offices on Floyd Street.

#### PHILADELPHIA

December 11th was observed as Founder's Day at Douglass Memorial Hospital; as is usual on these

occasions, a large sum for the maintenance of the Hospital was realized.

Recently, the Hospital faced a serious financial crisis, due to the foreclosure of a builder's mortgage of \$15,000.00; only a short time was allowed in which to raise the sum and avert the closing of the institution. The Public Ledger, one of Philadelphia's leading dailies, both in its news columns and editorially, brought the matter forcibly before the public each day. Letters, commending the institution and its work and written by such notables as W. W. Keen, S. Weir Mitchell, Jas. Tyson and others were published. Contributions, ranging from \$1.00 to \$500.00 began to pour in; and finally an offer of \$1000.00 when the remaining \$14,000.00 had been raised. (As we go to press, only a small balance is needed; and there seems no reason to doubt that the full sum will be realized.)

The Philadelphia Academy of Medicine and Allied Sciences at its November meeting, held a Symposium on Acute Articular Rheumatism. The following papers were read: "Etiology and Symptoms," by Dr. Paul J. Taylor; "Diagnosis and Complications," by Dr. F. C. Antoine; "Prognosis and Treatment," with special reference to Magnesium Sulphate injections by Dr. T. S. Burwell; discussion was opened by Dr. A. B. Jackson. At the December meeting, Dr. B. C. Truitt read a paper entitled: "The Pathological Relation between the Kidneys and Heart;" discussion was opened by Drs. R. W. Bailey and J. H. Boothe.

#### WEST VIRGINIA NEWS

Dr. A. M. Curtis of Washington, assisted by Dr. W. H. Barret of Keystone, recently held an interesting Clinic at the Mercer Hospital,

Bluefield; all of the physicians in that section of the state were present.

The Mercer Hospital at Bluefield, which is owned by Dr. N. C. Edwards, is a thoroughly equipped institution, with every facility for modern, operative procedure.

The Harrison Hospital at Kimball has recently been renovated and enlarged. Dr. R. C. Harrison, Meharry, is chief surgeon. Dr. Harrison is assisted by Dr. S. A. Viney of Northfork and Dr. W. H. Barret of Keystone, as anesthetist.

The officers of the West Virginia State Association are: President, Dr. W. A. Holly, Bramwell; Secretary, Dr. R. L. Jones, Charleston. The next meeting of the society will be held in Huntington in June.

The officers of the Flat Top Medical Association are: President, Dr. G. N. Marshall; Secretary, Dr. S. A. Viney. The society meets quarterly.

#### NEW JERSEY ITEMS

The November meeting of the North Jersey Medical Society was held at the residence of Dr. W. H. Sutherland, Orange; the paper, "Abortions," was read by Dr. P. F. Ghee, Jersey City; the December meeting was held at the residence of Dr. J. F. Stroud, Jersey City; the paper, "Medical Ethics," was read by Dr. W. H. Washington, Newark. For 1912 the society will confine its attention to the consideration of "Gynecology." The program is as follows: January, "Common Diseases of the Vulva" and "Leucorrhea;" February, "Dysmenorrhea" and "Amenorrhea;" March, "Uterine Hemorrhages, Causes and Treatment;" April, "The Diagnostic Significance of Pelvic Pain," "The Treatment of Uterine Displacements" and "The Treatment of the Complications of Fibroids and

other Uterine Growths;" May, "The Emergencies of Gynecology;" June, "Repair of the Perineum" and "Repair of the Cervix;" July, "Indications for and the Technique of Uterine Curettage" and "The Diagnosis and Treatment of Pelvic Infection."

The Dental subjects are as follows: August, "The Etiology and Diagnosis of Facial Neuralgia;" September, "The Etiology, Diagnosis and Treatment of Pyorrhea Alveolaris;" October, "Anesthesia for the Extraction of Teeth;" November, "The Etiology, Diagnosis and Treatment of Antral Empyema;" December, "The Etiology and Treatment of Putrescent Pulp."

Dr. W. S. Kennard, Pennsylvania, 1911, has located in Newark.

Dr. Louis Hilton, Howard, 1910, has removed from Newark to Princeton, W. Va.

#### MARRIAGES

Dr. T. S. Burwell, Philadelphia, to Miss A. M. Hall.

Dr. Geo. Bayton, Philadelphia, to Miss Helen Stevens, Philadelphia.

Dr. Jas. F. Johnson, Washington, D. C., to Miss Leah V. Randolph, Jersey City.

Dr. G. W. Hinkson to Miss Eva. Ovington, Brooklyn.

The enrollment at the Meharry Medical School this year is as follows: Medicine 334; Dentistry 120; Pharmacy 64; Nurses Training School 12; a total of 530; 9 students are enrolled in two courses, making 521 registered under the control of the School of Medicine.

Howard University School of Medicine has an enrollment as follows: Medical 170; Dental 126; Pharmaceutic 47; Specials 2; a total enrollment of 345.

## ITEMS OF INTEREST

It is reported that 45,000 people took the treatment for hookworm in North Carolina since the work began, 21 months ago. Nearly one-half of this number has been treated in the free dispensaries. 36,000 people have had microscopic examinations for the hookworm disease. In a great many cases the infection was so heavy that the microscopic examination was unnecessary.

The new hospital of the Leonard Medical School of Shaw University, North Carolina, under the energetic leadership of Dr. Charles Francis Meserve is nearing completion.

Donations are being received from many of the graduates as well as other sources.

The Northern Baptist Convention appropriated two years ago, \$30,000; and soon after the General Educational Board of New York pledged \$5,000, on condition that \$5,000 additional be raised by December 31, 1911.

Rallies have been held in many churches for raising this money. One of the most remarkable was that in the first Baptist church in Raleigh in December at which time over \$1,500 was raised.

Dr. Meserve stated that \$900 was necessary to complete the conditions of the General Educational Board, and \$2,000 for equipment. Since

that time important rallies have been held in Portsmouth and Hampton, Virginia, and other places, where satisfactory collections have been taken.

Dr. A. W. Williams, of Chicago, spent two weeks in Philadelphia, in November, where he attended the Second Annual Session of the Clinical Congress of Surgeons of North America.

There were nearly 2,000 surgeons in attendance from all parts of North America, England, Turkey and China.

He also visited several of the hospitals in New York City, among them Lincoln Hospital and Training School for nurses.

Dr. Williams was much pleased with the Fred Douglass Hospital, of Philadelphia, and the work that is being done there, and gives great credit to Dr. N. F. Mossell for the establishment of the institution.

He also thinks, that on the whole the work of the members of the profession in Chicago averages up well with any work he observed in the East.

The Boyd Infirmary at 811 Fourth Avenue, Nashville, Tennessee, had its formal opening on Friday, December 15, from 2:00 to 9:00 p. m.

Dr. R. F. Boyd is the surgeon in

charge; and announces that he will conduct a private infirmary for Surgical, Medical and Obstetrical cases, and will also have male and female Charity wards.

Dr. Boyd will appreciate any help or donations which may be made for this cause.

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Dr. F. M. Nelson of New Orleans was married to Miss Rose Dugas, December thirtieth, 1911, at Lafayette, Louisiana. They are at home at Oak and Joliet Streets, New Orleans, Louisiana.

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Dr. W. H. Higgins of Providence, Rhode Island, has been elected as member of the City Council of Providence.

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Ten graduates from the Medical Department of Shaw University presented themselves before the Virginia State Board last June, as applicants for license, to practice medicine. Out of that number 7 were successful.

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Dr. F. Merrill Ricketts of Cincinnati, gave demonstration before the Western Surgical Association in Kansas City, recently, to show that heart surgery is possible. He made his first experiment in 1874 following which many experiments were made in different parts of the country; but since the experimental stage is passed, the lives of 74 persons have been saved by the operation.

In order to prevent collapse of the lungs when the chest is opened, Dr. Ricketts uses a special apparatus,

consisting of little besides a bellows and rubber tube, by which the lungs are inflated during the operation. The anesthetic is administered in air, forced into the lungs by the bellows. The Doctor was in 20 minutes able to demonstrate the entire process of the operation on the heart, lungs, and bronchi.

The article gives Dr. Daniel H. Williams, of Chicago, the credit of performing the first successful operation on the heart in 1893.

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It is interesting and encouraging to note that in all sections of the country our physicians are getting a grasp of surgery. Especially does this seem to be true in the South, where a large number of Negro physicians, despite their humble advantages and opportunities, as, is true in most cases, are getting good results from their operations.

Dr. Joseph N. Mills, of the Lincoln Hospital, Durham, North Carolina, is gaining admission to this class. Under the Caption. "My first Major Operation," he reports the successful removal of a 7½-pound fibroid tumor of the uterus. No especial complications. Recovery complete in a reasonable length of time; also since then he has successfully performed another abdominal operation for disturbances of the appendix, ovary and tube.

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The next meeting of the West Virginia Medical Society will be held in Huntington in June, Dr. W. A. Holley of Bramwell, President.

Dr. R. L. Jones; Charleston, Secretary and Treasurer.

Dr. Louis A. Hilton has located at Wilcoe.

Dr. H. F. Gamble is in active practice again, after a long siege of sickness.

Dr. John C. Ellis has been appointed assistant city physician of Charleston, by Major Holley.

Dr. C. C. Barnett is preparing to open a hospital at Huntington.

The secretary of the State Board of Health speaks in complimentary terms of the colored practitioners. There has been but one failure before the board in ten years.

Dr. Charles Herriot has located at Wheeling.

Dr. Clarence Eugene Allen, was born in Nashville, Tennessee, and educated at Roger Williams University, and at Atlanta Baptist College. He graduated from the Howard University, Dental Department, Washington, D. C., in 1911.

He has successfully passed the Pennsylvania State Board of Dental Examiners and will immediately begin the practice of dentistry in Harrisburg, Pennsylvania.

Dr. Lucas of Jackson, Mississippi, visited his alma mater, Meharry Medical College, during January, 1912.

#### HOSPITAL NOTES

The Executive Committee of the George Hubbard Hospital Association met in the director's room of the People's Saving Bank and Trust

Company, Monday, January 15, 1912. Members present, Drs. J. A. Kumler, H. T. Noel, A. M. Townsend, C. V. Roman and G. W. Hubbard.

Reports showed the North Wing in successful operation as last year. The foundation of the South Wing and center is barely completed.

The Dean hopes to meet the conditions of the Carnegie donation by April or May and have the completed hospital ready for operation next October.

The Secretary of the Race Congress recently held in London, issues the following cardinal principles as having been warranted by the evidence and arguments of that Congress, which was scientific in its methods and composed of men of eminent scholarship:

1. It is not legitimate to argue from differences in physical characteristics to differences in mental characteristics.

2. Physical and mental characteristics of races are not permanent, nor are they modifiable only through long ages. On the contrary, they are capable of being profoundly modified in a few generations by changes in education, public sentiment and environment generally.

3. The status of a race at any particular time offers no index as to its innate or inherited capacities.

Commenting upon these principles, the Record-Herald remarks that they are intended for a small class of persons. It says: "Against vulgar prejudices scientific dicta are impotent." This may be true, but victims of vulgar prejudices are very sensitive to public opinion; they don't like to be laughed at. Once the crowd suspects that it is making itself ridiculous, it will scurry for a place among the respectable. Let these principles be widely propagated, and when the young men and young women who are the victims of pre-

judices realize that they are unscientific and that they are self-convicted of ignorance, they will begin to revise their opinions.

—Unity, September 14, 1911.

It is estimated there are 50,000 cases of Pellagra in Continental United States. This makes the study of the disease of interest to every physician.

The study of Cancer is of perennial interest. It is believed that 200,000 cases exist in the United States.

Recent experiment shows that cancer has all the properties which distinguish the normal tissues of one species from those of another species; each tumor is peculiarly and genetically related to the individual in which it arises. The genesis and

growth of cancer are distinct phenomena which must be separately investigated. There is apparent validity in the conclusion that the cancer cell is a biological modification of the normal cell with many inherited properties of the latter. It becomes increasingly evident that the treatment of cancer is not to be sought along lines of conferring passive immunity. A considerable number of cases of natural healing of spontaneous malignant new growths have been observed in mice affected with spontaneous cancer. The changes leading to natural cure appear to depend on an altered condition of the cell and its contents rather than on an alteration in the general condition or constitution of the affected animal. Means must be devised for elucidating the nature of the change in the cell before curative measures can be discovered.

## As Others See Us

Although my subscription is fully paid up, I have one extra dollar that I had rather the Journal use than invest it. It may help us steer successfully through financial straits this year. I don't feel that I could spend it in a better cause.

"The Journal must live."

Fraternally yours,

Signed, E. L. YOUNGUE, M. D.,

Clarksburg, W. Va.

Yes, I thoroughly enjoy reading the Medical Journal sent me by Dr. Kenney. It was interesting as well as helpful, and I am pleased to be numbered among its regular subscribers. It deserves to live, and for that reason it deserves our support. Pride in itself, and in all that goes to help us would lead me to give it my earnest support if for no other reason. But aside from that, there is another impelling reason, and that is, it is helpful, and it is for that reason that I like it.

Signed, W. E. ATKINS, M. D.,

Hampton, Va.

## SOCIETY REGISTER

### NATIONAL MEDICAL ASSOCIATION

President H. Floyd Gamble, M. D. Secretary J. A. Kenney, M. D.  
Charleston, West Virginia. Tuskegee Institute, Alabama.  
Meets annually: Fourth Tuesday, Wednesday and Thursday in August.

### MEDICO-CHIRURGICAL SOCIETY OF GREATER NEW YORK

President A. S. Reed, M. D. Secretary J. E. Cabannis, D. D. S.  
316 W. 52nd St., New York City. 457 Lenox Av., New York City.  
Meets first Friday of each month.

### AESCULAPIAN SOCIETY OF NEW YORK CITY

President A. Saint Clair Jones, M. D. Secretary E. E. Rawlins, M. D.  
158 W. 62nd St., New York City. 208 W. 133rd St., N. Y. City.  
Meets Fourth Friday of each month.

### TIDEWATER MEDICAL SOCIETY OF VIRGINIA

President F. G. Elliot, M. D. Secretary W. T. Jones  
Haas Building, Portsmouth, Virginia. Newport News, Virginia.  
Meets first Thursday of each month.

### PHILADELPHIA ACADEMY OF MEDICINE AND THE ALLIED SCIENCES

President J. Q. McDougald, M. D. Secretary J. T. Howard  
1533 Lombard St., Philadelphia, Pa.  
Meets third Monday of each month.

### THE PHYSICIANS, DENTISTS AND PHARMACISTS CLUB OF CHICAGO

President A. W. Mercer, M. D. H. A. Turner, Secretary.

### WEST VIRGINIA STATE MEDICAL SOCIETY

President W. A. Holly, M. D. Secretary R. L. Jones, M. D.  
Bramwell, West Virginia. Charleston, West Virginia.  
Meets annually in June.

### FLAT TOP MEDICAL ASSOCIATION OF WEST VIRGINIA

President G. N. Marshall, M. D. Secretary S. A. Viney, M. D.  
Keystone, West Virginia. Northfork, West Virginia.

### MEDICO-CHIRURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA

President J. C. Dowling, M. D. Secretary Chas. A. Tignor, M. D.  
Meets second Thursday of each month.

## NORTH JERSEY MEDICAL SOCIETY OF NEW JERSEY

President W. W. Wollfe, M. D.  
383 Mulberry St., Newark, N. J.

Secretary W. H. Washington, M. D.  
23 Orleans St., Newark, N. J.

Meets first Monday of each month.

## THE ARKANSAS ASSOCIATION

President Dr. J. H. Barabin  
Mariana, Arkansas.

Secretary Dr. J. O. Hickman  
701½ Main St., Little Rock.

INDIANA ASSOCIATION OF PHYSICIANS, DENTISTS AND  
PHARMACIST

President Dr. H. L. Hummons  
Indianapolis, Indiana.

Treasurer Dr. C. R. Atkins  
Indianapolis, Indiana.

ALABAMA MEDICAL, DENTAL AND PHARMACEUTICAL  
ASSOCIATION

President Dr. L. U. Goin  
Birmingham, Alabama.

Secretary E. T. Belsaw, D. D. S.  
Mobile, Alabama.

Meets annually in April.

LOUISIANA MEDICAL, DENTAL AND PHARMACEUTICAL  
ASSOCIATION

Secretary Dr. F. L. Welch  
119 Field St., New Iberia.  
Meets annually.

Pres. Dr. J. D. Nelson  
Morgan City, Louisiana.

## GEORGIA STATE MEDICAL SOCIETY

President Dr. W. H. Harris  
Athens, Georgia.

Secretary Dr. T. H. Slater  
Atlanta, Georgia.

Meets annually in May.

TRI-STATE MEDICAL DENTAL AND PHARMACEUTICAL ASSO-  
CIATION OF FLORIDA, GEORGIA AND ALABAMA

President Dr. J. Seth Hills  
Jacksonville, Florida.

Secretary Dr. L. B. Palmer  
Atlanta, Georgia.

Meets annually in February.

## PALMETTO ASSOCIATION

President Dr. C. H. S. Henderson  
Greenwood, South Carolina.

Secretary Dr. I. A. Macon  
Rock Hill, South Carolina.

Meets annually: fourth Wednesday in April.

## TENNESSEE MEDICAL ASSOCIATION

President Dr. W. O. Thompson  
Chattanooga, Tennessee.

Secretary Dr. I. Hampton  
Fayetteville, Tennessee.

Corresponding Secretary Dr. J. A. Lester, 408 Cedar Street, Nashville  
Tennessee.

Meets annually in June.

The secretaries of state and local societies are earnestly requested to send to the Associate Editor the names and addresses of their officers.

## Book, Lay Press, Etc.

### A State Which Punishes Patent Medicine Liars

Shall manufacturers of patent medicines be permitted to sell their remedies under labels which contain false or deceptive claims of curative power? Shall, for instance, a manufacturer be permitted to sell to the public a secret compound as a cure for cancer, as a cure for consumption, or as a panacea for any one of a dozen serious but entirely unrelated diseases? The Supreme Court of the United States has decided that, in passing the Pure Food and Drug Act, Congress did not prohibit the making of such false or misleading claims of curative power by drug manufacturers. It should be noted in passing that the Court expressed no opinion as to the power of Congress to enact such a prohibition; the Court merely decided that Congress had not enacted such a prohibition. Under the Act, if a manufacturer make any false or misleading statement as to the nature or constituents of the medicine itself, he is punished. But the same manufacturer may with impunity make any claim he pleases as to what his medicine will do, asserting, if he will, that it will cure anything from a cold in the head to leprosy. They have done things differently, however, in Kentucky. There is before us a copy of a circular letter addressed by a bureau of the State Government to manufacturers and others whose patent medicines are being sold in the state. The letter calls the attention of the recipient to the provision of the Kentucky Food and Drugs Act prohibiting the sale of any drug or medicine labelled or in any manner represented or sold so as to mislead the purchaser, not only as to the quality or purity of the remedy, but as to its medicinal value. The letter further declares that since the decision by the Supreme Court of the United States (to which we have already referred) there is a growing violation of the Kentucky Act, and directs the recipient of the letter to file with the Bureau all labels circulars, and advertise-

ments and other means by which representation is made concerning the quality, purity, or medicinal value of such of his goods as are sold in Kentucky. The state of Kentucky is to be congratulated upon its determination that unscrupulous manufacturers of patent medicines shall not be allowed, by lying about the curative properties of their remedies, to make capital out of the fears and hopes of sufferers from disease within that state. We are strongly inclined to believe that Congress, when it passed the National Food and Drugs Act, intended to give expression to the same determination. The Supreme Court, however, has decided that, whether it had the determination or not, it did not give legal expression to it. One of the most important duties before the coming session of Congress is to amend the National Food and Drugs Act so that the unscrupulous drug manufacturer may no more lie about what his drug will accomplish than he may now lie about the materials which it contains.—The Outlook.

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During the campaign by the Douglass Hospital of Philadelphia in order to raise the necessary \$15,000.00 to pay off the builders' lien, the Public Ledger, championed the campaign, and among the many news items and editorials written for that occasion is the following:

#### THE DOUGLASS HOSPITAL

The response to the appeal in behalf of the cogent need of the Douglass Hospital should be prompt and liberal. This is the institution conducted by colored people, at Lombard and Sixteenth streets, which must immediately raise \$15,000 to pay off a builders' lien. The mortgage has been foreclosed and at any moment this most meritorious institution may be compelled to cease its beneficent ministrations to the peculiar need of indigent colored people. Though it was for the latter that the hospital was primarily designed, it has admitted to the extent of its abilities all who applied, and, moreover, it has given professional opportunities, not elsewhere to be obtained, to colored physicians, nurses and pharmacists.

This is the largest hospital in the United

States that is conducted by members of the race, and eminent visiting surgeons have borne eloquent testimony to the efficiency of its organization and the marked ability evinced in its maintenance. It will be nothing short of a public calamity if the hospital is compelled to suspend operations for lack of funds. The exigency should at once be relieved by the contributions of public-spirited citizens. When it is known that in 16 years this hospital has cared for 44,000 patients the value of its work to this community may be realized. Contributions may be sent directly to the Douglass Hospital, Lombard and Sixteenth streets, or to the PUBLIC LEDGER. But they should be sent at once.

It is said that when a member of the body is not in use that it soon forgets its function, and in time disappears altogether. If this is true, is it equally true that members and faculties are created or developed according to the demand? Just as reasonable. Then we may be expected to soon have eyes all over our heads as a fly, in answer to the demands of this automobile age.

### Logic is Logic

We reprint below an article which has appeared in several publications with reference to the Journal of the National Medical Association.

Nashville, Tenn., Dec. 9.—The Journal of the National Medical Association, which has just been issued, is well worth the attention of thoughtful members of our race everywhere. It has passed the experimental stage, having just completed its third volume. Each issue has been a distinct improvement over the preceding one. It now occupies a high place among those publications printed in the interest of medical science. The latest number contains fifty-five pages of original communications alone. These are scientific productions dealing with medicine, surgery, dentistry and pharmacy by Negroes who are members of the National Medical Association. There are also four pages of editorial matter; six pages of current medical thought, being a resume of current medical literature; eighteen pages of departmental matter of interest to pharmacists, dentists and nurses; forty pages of items of interest, and twenty-one pages of advertising matter—in all one hundred and forty-one pages of valuable data by Negroes. While intended primarily for the medical profession, much of it is of popular interest. The publication is

printed on good paper in clear type, is nicely bound under attractive cover, and placed side by side with the medical publications of the day, does not suffer by comparison. The Journal is published by an editorial board composed of Dr. C. V. Roman, of Nashville, Tenn., also prominently mentioned for the editorship of the A. M. E. Church Review, editor; Dr. John A. Kenney, Medical Director of the Tuskegee Institute, managing editor; Dr. W. G. Alexander, Orange, N. J., associate editor, with a number of contributing editors. The printing is done by the Tuskegee Institute Press.

We acknowledge receipt of program of the North Jersey Medical Society for 1912.

The outline indicates that the meetings are to be held monthly at the homes of the different members, and an interesting program is arranged with one or two papers for each meeting.

The Journal acknowledges receipt of the annual report of the Register of the Treasury of the United States for the fiscal year, ended June 30, 1911, by the Hon. J. C. Napier, Register. The report is filled with information for those interested in government currency, coupons, etc.

### Negroes as a Race Not More Susceptible to Tuberculosis Than Whites

Editor Herald:

Dear Sir: There should be a law passed by the next legislature forbidding insurance companies from discriminating in their rates, as they now do, against colored people. It might be locally or sentimentally plausible, but is it scientifically true that the Negro race is more susceptible to tuberculosis than other races? Science knows neither color nor nationality and should not be perverted with sentiment. The following experimental test is the only legitimate and scientific way to determine the greater susceptibility to any disease of one race than another, and the test would have to be repeated several times before any definite, scientific and authoritative truth could be established:

1. Take a dozen or any other number of persons from each race to be tested.
2. Allow all of them the same food supply, clothing, hygiene and environment.
3. Get the hemoglobin of the blood of each person to the same standard, which can be ascertained easily by Wetherill's process.
4. Raise the protective or defensive proteids of the tissues in all alike.
5. Subject them all alike to the same mode of infection or exposure for the ingress of absorption of the tubercle bacilli, or inoculate them alike with the virus of the disease, then watch and note the result.

But this experiment has never been tried in either scientific Europe or money-loving America. Hence the statement that the Negro race is more susceptible to tuberculosis than other races is both fallacious and unscientific.

Tongaline exerts a manifest action on the nervous system of the secreting order of glands: it diminishes the uric acid content of the blood, and produces a substitutive irritation in the region of the articular surfaces. On account of the exaggerated vasomotor action of Tongaline, the irritation drives the uric acid deposits toward the emunctories, causing a great secretion of bile in the liver, an abundant diuresis in the kidneys and a serous diarrhoea in the intestines, while in the feces and in the urine, we find a great quantity of uric acid.

These conditions secure the attainment of the desired effect, which is to expel from the organism all those agents, the accumulation and retention of which in the blood are the cause of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds and excess of uric acid.

#### PREVALENT DISEASES

Each change of season brings with it, its diseases seemingly peculiar to the time.

Summer with its Intestinal Disorders,

The more favorable environments of the white race place the majority of them among those people whose tissues possess the necessary protective ingredients, and hence a less number among them fall easy victims to tuberculosis. On the other hand, from poverty, financial stringency, small wages (which compel the majority of the colored masses to live in alleys and poorly ventilated homes), worry from circumscribed facilities, insufficient sleep, lack of knowledge for proper living, and in many cases too much whiskey, the system of that class of the Negro people will be found disorganized and impoverished, possessing insufficient defensive materials to successfully ward off the invading germs and consequently, a larger proportion of this race falls victims to tuberculosis, but not because they are more susceptible.—JUSTICE. —Passaic (N. J.) Herald, December 14, 1911.

Sunburn, Insect bites, Ivy Poisoning, etc.

Fall presents for the attention of the physician, its Typhoid cases and Winter and early Spring its regular quota of Pneumonic, Bronchial, Throat and other chest conditions.

At this Season, when Pneumonia and Bronchitis demand the call of the physician, literature presenting the experience of fellow practitioners, in the successful handling of these cases, would seem most apropos.

The Bloodless Phlebotomist for January reflects the experience of many physicians upon this timely subject.

Dr. Charles Buck of Cincinnati presents his experience in handling cases of Pneumonia, also relates some facts in the treatment of Lumbago, which might also be considered as an affliction prominently manifesting itself at this Season.

"Broncho-Pneumonia" with supportive as well local treatment in all its details, is the subject of the paper of F. A. Kautz, also of Cincinnati.

Dr. E. Clinton Murray, of Houston, Texas, relates his experience and treatment in a case of Pneumonia in an eighteen-months-old baby, and Dr. J. C. Klippinger, of Independence, Kansas, presents a "Different Technique in Pneumonia,"

which is decidedly original. In abstract his method is to apply the local dressing in a manner which gives the intercostal muscles a chance to functionate without restriction from bandages. This symposium is closed with a paper from Dr. W. A. Radue, of Union Hill, New Jersey, upon "Acute Pleurisy and a Successful Abortive Treatment."

Besides the papers referred to, upon the subject of Chest and Throat diseases, much additional information is given. The one in particular we would have you note is the "Rational Influence of Hot Applications" by that well-known Therapeutist Dr. Finley Ellingwood of Chicago, Ill.

A postal card addressed to the Bloodless Phlebotomist, No. 57 Laight Street, New York, will bring you a copy of the January issue.

#### AN IMPORTANT MOVE TO INSURE PHYSIOLOGICALLY ACTIVE ERGOT AND DIGITALIS

The H. K. Mulford Company have again demonstrated their scientifically progressive policy in announcing that from this time, special labels with the date on which all Fluid Preparations of Ergot and Digitalis were physiologically tested and approved by their laboratories, will be placed upon each package.

We have become accustomed to seeing the date of manufacture on the labels of serums, Vaccines, Bacterins, etc., and it is not surprising to see this progressive firm take the lead in placing dated Galenicals on the market. The new dating system will be applied, however, only to the liquid Preparations of those two of the most important of our vegetable drugs, Ergot, and

Digitalis, which are particularly prone to deterioration.

There is no necessity for placing the date of assay on most Galenicals, for fortunately, most of them are quite stable when care is used in their storage. Coca is an exception, it is true, but little Coca is used or should be used for its active principle, and hence it can be declared that most Galenicals are quite stable.

In the case of Fluid Preparations of Digitalis and Ergot, particularly the latter which is so often employed as an emergency remedy, it is not right that the physician should be subjected to the possibility of employing an old, and perhaps weaker product. Because of the possibility of their deterioration, the H. K. Mulford Company proposes to safeguard pharmacist, physician, and patient, by making it possible for the physician to prescribe and the pharmacist to dispense only preparations of Digitalis and Ergot which have recently been tested and standardized—physiologically and chemically.

For this advanced step, the H. K. Mulford Company deserves great credit, for they not only place the date of test on each package, but they recommend the purchase of quantities to supply the pharmacist's needs for no longer than six months. They cannot do more, for no one can tell how long those preparations will keep. Preparations two or three years old have been tested and found entirely satisfactory for use, and on the other hand a considerable deterioration has occurred in less than one year. Liquid preparations of these drugs should remain satisfactorily active, however, for at least a year if they are kept in a cool place, protected from the light.

### THERAPEUTIC NOTES

#### NEW PRESERVING MEDIUM

What promises to be of useful application for museums and demonstration purposes is a solution invented by Wickerschener, of the Berlin Zoologic Museum, for fixing and preserving plants and animals in their natural colors. The solution is prepared by dissolving in 3 liters of

boiling water 100 grams of alum, 25 of sodium chlorid, 12 of potassium nitrate, 60 of potassium carbonate, and 10 of arsenious acid. To this 1,200 c. c. of glycerin and 300 c. c. of methyl alcohol are added. Objects preserved in this liquid are said to retain their form, color and suppleness to a remarkable degree. Even after a consider-

able lapse of time muscle tissue retains its fresh appearance, and can be cut as in the fresh state, and ligaments remain perfectly pliable, permitting the demonstration of movements as in life. This solution differs materially from the Kaiserling fluid, although both contain potassium salts. The composition of Kaiserling's fluid is: potassium nitrate, 10; potassium acetate, 30; liquor formaldehydi, 750; distilled water to make 1,000.

The Tincture of Iodine should be freshly prepared. It decomposes on long standing. The decolorized tincture is not as efficient as a therapeutic agent as the regular tincture. The chemical process that decolorizes also emasculates its therapeutic virtues.

### Things Worth Remembering

According to Cabot of Boston, the "blue line" of lead poisoning is a misnomer; it is neither blue nor a line; but a series of black marks or dots opposite each tooth.

The same authority states that a pulsation above the clavicle is seldom due to aneurysm; but is usually indicative of a cervical rib. Murphy of Chicago declares that: a properly adjusted Colle's fracture needs no splint.

A painless fracture always occurs in a syphilitic.

A urethral chancre gives symptoms similar to those of gonorrhea, it seldom is followed by secondary symptoms; consequently a patient with tertiary symptoms may deny having had any secondaries or any chancres but will admit having had gonorrhea.

That drainage of an infected joint is bad surgery; exposure of the synovial membrane to the air destroys its power of resistance; though proper procedure is absolute rest of the part, the application of an extension apparatus (which gives relief from the pain), careful aspiration of the joint and the injection of ten minims of a 2 per cent. formalin in glycerin solution.

Sulphur is a good intestinal antiseptic because: it is tasteless; it is insoluble in the stomach: it does not disturb digestion; it is laxative.

An easy way to trace a fistulous tract is to inject it with peroxide and methylene blue.

### OBITUARY

Dr. C. J. Vital of New Iberia, Louisiana died in Hot Springs, Arkansas, January 14, 1912. Interment at New Iberia, Louisiana.

Dr. C. M. Woods of Plaquemine, Louisiana, died at his home during the month of January.

### MEDICAL SOCIETY NOTICE

The Executive Committee of the Louisiana Medical, Dental, and Pharmaceutical Association met at New Iberia, Louisiana, and arranged that the next meeting of the Association be held July 2, 3, 4, 1912, at Morgan City, Louisiana. The committee was composed of Dr. L. T. Welch, chairman; and Drs. J. S. Johnson of Abbeville, I. C. Chapman of Lafayette, and W. H. Ennis of Crowley.

## As Others See Us

I am much pleased with the Journal, and the good work being done by you in keeping alive renewed interest in the National Medical Association. Anything I can do to further the progress of both will be cheerfully done by me.

Very truly,  
Signed, G. W. HAYMAN, M. D.,  
Little Rock, Ark.

*Officers*

J. A. Kenney, M. D., *Chairman*  
 J. W. Darden, M. D., *Secretary*  
 D. H. C. Scott, M. D., *Treasurer*  
 L. U. Goin, M. D., *Ex-Officio Member*

*Committee on Surgical Clinics*

A. M. Brown, M. D., *Chairman*  
 Willis E. Sterrs, M. D.  
 A. D. Simington, M. D.

*Finance Committee*

D. H. C. Scott, M. D., *Chairman*  
 J. W. Darden, M. D.  
 J. A. Kenney, M. D.

*Committee on Medical Clinics*

A. C. Dungee, M. D., *Chairman*  
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 G. H. Wilkerson, M. D.

*Committee on Exhibits*

Dr. W. F. Watkins, *Chairman*  
 Dr. F. W. Ragland  
 Dr. L. L. Burwell

*Local Committee**Fourteenth Annual Meeting, National**Medical Association**Tuskegee Institute, Alabama**August 27, 28, 29, 1912*

BEAR IN MIND THE DATE OF THE NEXT MEETING OF  
 THE NATIONAL MEDICAL ASSOCIATION  
 TUSKEGEE INSTITUTE, ALABAMA  
 August 27, 28 and 29, 1912

Preparations are going steadily ahead for the entertainment of the delegates. The Local Committee has been organized, and is actively at work. The following program for the entertainment of visitors has been outlined by the Local Committee:

1. That all delegates and visitors to the N. M. A., which meets in Tuskegee Institute, August, 1912, pay \$1.00 per day for board and lodging.
2. That on Tuesday night there will be held a public meeting with a topic for general discussion.
3. That on Wednesday evening a lawn fete will be given, from 6 to 8; and from 8 to 10 o'clock, an entertainment under the direction of Mr. Chas. Winter Wood.
4. On Thursday night will be given a banquet and dance.
5. Friday will be devoted to an outing and sight-seeing expedition.

We very much hope that the many friends who wish to visit Tuskegee Institute will take advantage of this opportunity. We ask our physicians as far as possible to bring their wives, sisters, daughters, etc. One of the pleasant features of our annual meetings has been the social intercourse made

possible by the presence of so many ladies. No place is better adapted or disposed for such social gatherings than Tuskegee Institute. This may be attested by the thousands who attend annually its many conferences, and conventions.

Efforts are being made to secure the lowest railroad rates possible for this occasion. From different points information comes to us that arrangements will be made to bring special cars. We hope to be in position to give more definite information concerning this in a later announcement, so that any persons who may be on the line of these special cars may be able to take advantage of same.

The delegates and visitors will be entertained on the school grounds, in its dining halls, and dormitories, and the families connected with the school at the uniform rate of \$1.00 per day.

## UTERO-OVARIAN DISORDERS

of functional origin constitute the special  
field of indication for

### Aletris Cordial Rio

Made from the purest and most carefully selected drugs, this well known preparation has proven itself a utero-ovarian sedative and corrective of remarkable potency. As a means of relieving uterine or ovarian pain, especially that associated with the menses, Aletris Cordial is of unequalled value. In fact, administered in **threatened miscarriage, dysmenorrhea, menorrhagia, metrorrhagia, utero-ovarian colic, subinvolution, or any functional disease of the female**, Aletris Cordial may be confidently relied upon to afford prompt and positive relief and correction, even when other remedies have proven useless or unavailing.

*Valuable and Interesting Data on request.*

**RIO CHEMICAL CO.**  
79 Barrow Street, New York, N. Y.

## As Others See Us

Dear Doctor:

Enclosed you will find one dollar [\$1.00], my subscription to the Journal. I want to congratulate the Negro medical profession on selecting such an able Editorial Staff. I prize the Journal above all, not simply because it is an effort of our own, but on account of its high standard of excellence. The Journal is a gem.

Fraternally yours,

Signed, CHAS. L. WALTON,  
Spartanburg, S.C.

# JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION

Vol. 4

APRIL-JUNE, 1912

No. 2

The Editors endeavor to publish only that which is authentic, but disclaim responsibility for views expressed by contributors.

## PELLAGRA

### *Its Etiology, some Observations and Treatment with a Report of Twenty-five Cases*

By H. M. GREEN, M. D.

KNOXVILLE, TENNESSEE

It is doubtful if any disease has awakened more general interest among the profession in recent years than has Pellagra. This is especially true of the South Atlantic and adjacent states. In certain sections, not only has Pellagra shown a remarkable tendency to spread but the alarming mortality following in its wake with the distressing nervous symptoms experienced by its victims, is quite sufficient to strike terror into any community.

From various sources we learn that Pellagra is in no sense a new disease, and while its identity has been determined in this country only in very recent years, there are, no doubt, those among us who have seen Pellagra on rare occasions without being able to make a diagnosis. I, myself, recall at least two cases now long since joined to their fathers which, viewed in the light of our present knowledge, I am inclined to believe, was without doubt afflicted with Pellagra.

Out of the mass of literature now going the rounds on this malady, one is able to get little save a fair description of the symptomatology, and an indefinite prognosis. However, from the excellent reports of Doctors Babcock and Watson of Columbia, Doctor Johnson of Atlanta, and Doctors Winthrop and Cole, of Mobile, we are inclined to believe that more accurate observation is being made of Pellagra, and to hope that we shall soon have it classed among the easily preventable and curable diseases.

In the outset, I wish to disclaim any intention of bringing to light anything new in the way of history, for every cross-road doctor who has read any one of the many articles with which every medical periodical is filled, cannot forget the long and unholy record of this disease. Neither is it my purpose to take up your time with a lengthy description of this malady which is now sufficiently prevalent in many parts of the South to be familiar to most of us. I shall,

however, give you some facts and deductions which are in a way new to some and will, I hope, prove suggestive at least to many.

I have treated at this time sixty-one cases of what was without doubt Pellagra; and it is upon my observation of these cases that I base what I shall have to say on this subject.

To begin with, I might enumerate a few of the more constant symptoms which I have observed in Pellagra, and while I cannot say they are all the result of the Pellagra poison, I am inclined to at least accuse them of rather frequent association. I find that no age, race, or sex, is exempt except possibly the very young. I have treated no cases under two years of age. As to sex I have noted that females are slightly more susceptible than males. I also note that most writers charge maize eating with being the main cause of Pellagra, but with this I cannot agree, as I find a large per cent. of pellagrins do not use corn in any form, and I believe that the proportion of corn eaters affected with Pellagra is not greater than the relative per cent. of corn eaters among the whole population. If we must charge Pellagra to any form of food contaminations, I am inclined to think the genus "canned goods" the greater culprit, for out of a total of sixty-one cases treated, every case without exception was to a greater or less degree a consumer of store-bought canned goods; and again, all are of practically the same social strata and were accustomed to using the same grade of food stuffs.

From time to time some one has suggested the contagiousness of Pellagra, but I doubt if any one has produced sufficient proof of this position, but the belief that Pellagra is communicable by some intermediate agent or influence is rapidly gaining ground and would seem to me to have much foundation in the fact that it is in nearly every instance endemic. A small area or settlement showing many cases while the adjacent territory is entirely unaffected. I have noted this particularly in one section near Knoxville where there were sixteen cases within a radius of a mile, and not another case within a radius of several miles, notwithstanding the fact that the adjacent territory was quite as thickly populated as was the infected area. One peculiar fact in the case just cited is that the pellagrins were all laborers of a certain religious sect, living largely upon imported foods, much of which was of the canned variety, while their neighbors, farmers, living almost exclusively upon home-grown food, escaped entirely. Then again the cases about Knoxville have been almost entirely confined to one section, only a very limited number of cases being reported in other parts of the city.

That I do not believe Pellagra communicable from one person to another is based upon the fact that I have known the most unrestricted intercourse between members of certain families. In three cases mothers nursing their infants, and in no instance have I seen a case that could be

directly traced from person to person infection. As I have intimated already, Pellagra is as a rule confined almost exclusively to the laboring class, and of this class I find the mill hand the type most frequently affected. I am unable to agree with most writers that alcohol and sexual excesses are etiological factors, for among the pellagrins with whom I have come into contact, I find the per cent. of alcoholics rather low as compared with the whole people of their class and I have almost universally found them above the average in morals. With other observers, I have found most pellagrins suffering from stomach trouble, in most cases antedating the eruption and intensified by the progress of the disease. There are two conditions which I have observed with unfailing constancy in Pellagra and which if observed by most writers has not been thought worthy of mention. I refer to the deficiency in Hydrochloric acid, and a marked reduction in the per cent. of Haemoglobin present in the blood. Out of more than fifty cases tested, I found the hydrochloric acid deficient and the haemoglobin varying from thirty to seventy per cent. I have noted that Doctor Clarence Johnson, of Atlanta, Ga., mentions a similar observation in his article in the Southern Medical Journal, July, 1911. Another fact which I have noted has led me to suspicion that Pellagra attacks primarily the mucous surfaces of the body. First, in a Post Mortem done on a pellagra about two and one-half

years ago I noted that the entire mucosa of the alimentary tract had the appearance of having been rubbed away by some rough instrument, leaving an eroded surface. I have since noted that the mucosa of the living subject is always inflamed and eroded. I have noted the frequency with which observers have referred to piles in pellagrins. I have examined many of these cases for piles, but found instead an eroded and inflamed mucosa at the anal orifice. Not only this, but in several cases which I have had occasion to examine, I found the vagina in women and the mucus lined urinary meatus in men the site of a like affliction though usually in a less marked degree. I am informed by Dr. M. L. Boyd, of Knoxville, that he has noticed this same condition in a case.

It is indeed not unusual to have male pellagrins complain of a urethral discharge, while a mild leucorrhea is rather the rule in women. No doubt all have noted that many women, especially the unmarried affected with Pellagra, are more or less affected with menorrhagia, and in some cases metrorrhagia which might easily be due to an inflamed condition of the uterine mucosa.

In the table published below I have taken at random twenty-five cases in which I show the relative frequency of the most constant symptoms. They are, I think, sufficiently diversified to show that Pellagra is neither a respecter of persons nor stinting in dispensing of unpleasant symptoms.

That we are yet at sea as to the specific cause of this dread malady is evidenced by the number of theories and the variety of drugs suggested for its treatment. And, yet, if we observe the character of the drugs which have shown any degree of effectiveness in combatting this disease, we are at once struck with the marked similarity in their therapeutic application. The drugs giving best results in Pellagra are Soamin, Salvarsan, Atoxyl and Cacodylate of soda. Personally, I am an advocate of Soamin. I have used it in nearly sixty cases without a single death, and up to present I have not had a relapse, notwithstanding some of my cases were treated more than eighteen months ago. In every case the results have been prompt and the benefits lasting. I have had none of the bad effects which some mention. I vary my doses to suit the individual case, usually beginning with the smaller dose and gradually working up to the point of toleration. I am convinced that the failures attributed to this drug are entirely due to ineffective administration. I always use the injection method and supplement the treatment with internal tonic medication; in this particular, relying generally upon some form of Ferrum, always looking to proper hygiene and dietetics.

The diarrhea, insomnia, and other distressing symptoms, I find disappear after from a week to ten days of the treatment.

In a paper of this character it would be inappropriate to conclude without making certain

deductions based upon one's personal observation.

First, I am thoroughly convinced that Pellagra is a constitutional disease with local manifestations.

Second, I believe that Pellagra is not communicable from one person to another.

Third, I am thoroughly convinced that Pellagra is transmissible from man to man through some intermediate agency.

Fourth, I am convinced that Pellagra attacks primarily the mucous membranes of the body, probably beginning with the alimentary canal and in this connection it is interesting to note that food adulterations are suspicious characters.

Fifth, I do not believe that diseased corn is of any more importance as an etiologic factor than other unsuitable food stuffs, but I do believe that as a prophylactic measure the greatest possible care should be exercised in the selection of food products.

Sixth, since the same class of medication is effective in treating both Pellagra and certain other constitutional diseases—syphilis, etc.—and since there are other similarities between these two diseases, we are led to suspect that Pellagra is due to infection with some organism resembling in character at least the spirochetæ.

In this opinion, I have the concurrence of Dr. E. H. Martin of Hot Springs who has had a wide experience in treating Pellagra and to whom, by the way, I am much indebted for suggestions concerning the man-

Chart Showing History of Cases

Age	Variety	Sex	Race	Attack	History	Occupation	Nervous Symptoms	Pyrosis	Diarrhoea	Dizziness	Salivation	Loss in weight	Stomach trouble	Hemoglobin	Hands	Feet	Body	Face	Annal	Maize-eater	Hydrochloric acid	Ocular System	Social Class	Consumer of canned goods
53	dry	male	Negro	4	-	lbr.	+	+	+	+	+	+	+	def.	+	+	+	+	+	+	nor.	Nor.	L	+
17	moist	"	"	2	+	elv.	+	+	+	+	+	+	+	60	+	+	+	+	+	+	def.	+	L	+
43	dry	"	"	2	+	rev.	+	+	+	+	+	+	+	40	+	+	+	+	+	+	U.K.	No. R.	L	+
30	"	female	White	3	-	H.K.	+	+	+	+	+	+	+	45	+	+	+	+	+	+	nor.	+	L	+
41	"	"	"	2	+	"	+	+	+	+	+	+	+	def.	+	+	+	+	+	+	def.	+	L	+
3	"	"	"	1	+	-	+	+	+	+	+	+	+	70	+	+	+	+	+	+	abs.	+	L	+
47	moist	"	"	2	+	"	+	+	+	+	+	+	+	65	+	+	+	+	+	+	def.	+	L	+
20	"	"	"	1	-	"	+	+	+	+	+	+	+	60	+	+	+	+	+	+	"	+	L	+
41	dry	"	"	1	+	"	+	+	+	+	+	+	+	60	+	+	+	+	+	+	"	+	L	+
47	"	"	"	1	+	"	+	+	+	+	+	+	+	64	+	+	+	+	+	+	"	+	L	+
16	"	"	"	1	+	M. H.	+	+	+	+	+	+	+	50	+	+	+	+	+	+	"	+	L	+
48	"	male	"	2	-	lbr.	+	+	+	+	+	+	+	70	+	+	+	+	+	+	"	+	L	+
22	"	female	"	1	-	H.K.	+	+	+	+	+	+	+	50	+	+	+	+	+	+	"	+	L	+
23	moist	"	"	1	-	"	+	+	+	+	+	+	+	45	+	+	+	+	+	+	"	+	L	+
49	dry	"	"	2	-	"	+	+	+	+	+	+	+	60	+	+	+	+	+	+	"	+	M	+
35	"	male	"	2	-	mer.	+	+	+	+	+	+	+	55	+	+	+	+	+	+	"	+	M	+
65	"	"	"	2	-	car.	+	+	+	+	+	+	+	55	+	+	+	+	+	+	"	+	M	+
37	moist	"	"	1	-	agr.	+	+	+	+	+	+	+	75	+	+	+	+	+	+	"	+	M	+
25	dry	"	"	2	-	mch.	+	+	+	+	+	+	+	47	+	+	+	+	+	+	"	+	M	+
34	moist	female	Negro	1	-	H.K.	+	+	+	+	+	+	+	80	+	+	+	+	+	+	"	+	L	+
22	"	male	"	1	-	-	+	+	+	+	+	+	+	70	+	+	+	+	+	+	"	+	M	+
45	dry	female	White	1	-	H.K.	+	+	+	+	+	+	+	60	+	+	+	+	+	+	"	+	M	+
67	"	male	"	1	-	car.	+	+	+	+	+	+	+	40	+	+	+	+	+	+	"	+	M	+
23	"	"	"	2	-	mch.	+	+	+	+	+	+	+	40	+	+	+	+	+	+	"	+	M	+

agement and treatment of Pellagra.

Seventh, since so many cases have shown every evidence of complete recovery, we are justified in believing that Soamin, when properly used will cure a large per cent. of the cases of Pellagra. A number of doctors with whom I have been associated, and among them Dr. A. M. Townsend, of Nashville, Chairman of the National Pellagra Commission, report satisfactory results from the use of Soamin in Pellagra.

Eighth, I am personally convinced that Pellagra is both preventable and curable, and I regard it as the sacred duty of the profession to continue research until Pellagra is robbed of its terrors.

Since the above article was

written the author has had an opportunity to examine many cases reported. In only one instance has there been any indication of relapse. It might be of interest to know that the haemoglobin in each case shows an increase over the last examination, though in many cases no treatment at all has been instituted since the first course of injections. In the one case that shows tendency to relapse, the haemoglobin has become lowered, though there has apparently been no return of the stomach trouble. All cases will be examined thoroughly during the month of April. Only three new cases have been observed since the writing above, all of which correspond with the findings above reported.

H. M. G.

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## THE SURGICAL IMPORTANCE OF EXTRA UTERINE PREGNANCY

\*By A. W. DUMAS, M. D.

NATCHEZ, MISSISSIPPI

If it were not for the fact that I have been impressed in some special way with the surgical importance of extra-uterine pregnancy, I would not have the temerity to bring the subject to your attention for consideration. In recent years, I have been impressed with the frequency of its occurrence, and its strictly surgical nature.

The cause of ectopic pregnancy has, I believe, been satisfac-

torily explained by those whom we regard as authorities on the subject, that is, it is due to some disease or deranged condition of the adnexia; be that as it may, the part that concerns us most, is the diagnosis and the advisability of immediate or deferred operation. As to diagnosis, we are often in a quandary as to its correctness. There are so many conditions, I mean diseased conditions, of the uter-

\*Read in Surgical Section, National Medical Association, Hampton, August, 1911.

us, and its appendages, that simulates that of an ectopic, that we cannot with absolute certainty in many cases, definitely conclude. The clinical signs and those generally accepted as pathognomonic are at times misleading. For instance, the cessation of the monthly periods for a short time, and its subsequent reappearance, accompanied by nausea and vomiting might be just as suggestive of a normal pregnancy with the tendency to abortion as to ectopic. The presence of a mass in the region of the tubes with the other usual symptoms may not only suggest that of an ectopic; but may also suggest a pyosalpinx or some other diseases of the adnexia. I saw it recently mentioned that pallor of the cervix may be regarded as pathognomonic.

This is hardly true as in all incomplete abortions when there has been considerable hemorrhage, we may find pallor of the cervix. So, from the foregoing, it is not hard to see that the diagnosis is often a matter of conjecture, and requires very keen differentiation. With regard to pathology of the condition, I will have nothing to say, except to refer you to the work of Peters and others.

The next important part of this subject is the question of surgical interference. Shall we operate immediately when rupture has taken place and while the patient is in a state of collapse from shock and hemorrhage or are we justified from the conclusion of Robb and Simpson and a few others, that to delay operation for a more opportune time is a rational and

safe procedure? Those who favor immediate operation claim that there is no advantage in awaiting when the condition is urgent on account of hemorrhage, and that the first principle of surgery should be applied at once without delay as the patient is in danger of bleeding to death; Robbs experiments to the contrary.

I am heartily in favor of immediate operation for there is little advantage gained by waiting. It would appear that an immediate operation would cause greater danger, because to shock of hemorrhage is added shock of operation; but are we not to be confronted by an even worse condition by waiting for the hemorrhage to cease, and the patient to recover from the shock? I believe so. Not only is it possible and even probable that the patient will have a second hemorrhage with a fatal outcome, but the danger of infection and peritonitis, is extremely great, as may be seen from the following case: Mrs. D. S., who had been seriously ill for a month or more, with what had been diagnosed as gastritis on account of the severe and persistent vomiting, called me in. After getting into the history of the case, my suspicions were aroused as to the possibility of pregnancy. I thereupon made a careful examination, both digital and instrumental. My suspicions were confirmed as to her pregnancy, as to the exact nature, I confess I was in a quandary. She presented the following symptoms and signs: Constant nausea and vomiting and the most per-

sistent I have ever seen. This symptom itself, was so grave that the life of the patient was almost despaired of. She could retain absolutely no nourishment by the mouth, making it necessary to resort to rectal alimentations. She was given pancreatinized milk, from one-half to a pint ter in die which conserved sufficient energy to enable her to tide over the most trying part of her illness. I wish to say that it was in this case that the stomach pump was quite serviceable. Gastric lavage was the only means of temporary relief. Upon examination, I found a mass in the right side which was in a measure movable. The left side was negative. The uterus was slightly enlarged and the os was slightly dilated, sufficient to introduce the index finger. There was slight tenderness on pressure. She had several times noticed slight hemorrhages, which were distinctly periodic, that is, at intervals of every two or three days. With this condition present, I made a positive diagnosis of the tubal pregnancy, and advised immediate operation, to which the patient had given her consent. It was my plan to operate on Monday, which was just three days ahead. I left the patient in what appeared to be good condition. In less than two hours later, I was called hurriedly to see her. I found her in a state of collapse. I at once realized what had happened.

The pallor of the tongue and conjunctiva, with the evidences of shock told me in loud tones what had occurred. She was practically pulseless. Her face

was bathed in cold sweat. She presented the appearance of a dying woman. I gave her atropine and morphine hypodermically, one quart of normal saline, by the rectum, applied an ice bag, and waited for results. She continued to grow worse, life seemed fast ebbing away, but, a streak of good fortune, she began to rally the next day, and continued until the evening of the third day, when she became alarmingly worse. Her temperature went to 103 4-5—the pulse 144, and respiration 36, general condition at this time extremely grave. Operation was further deferred, and the ice bag and other therapeutic measures were adopted as emergencies arose, until on the evening of the sixth day of the rupture, all of the acutest peritonitis had sufficiently subsided. The patient was prepared for the operation, which was performed as rapidly as was consistent with good work and sound surgical principles. The abdomen opened was found filled with clotted blood, which was adhered to the intestines, etc. The ruptured tube was clamped and ligated and together with a well developed foetus, was extracted. After making as careful toilet of the abdomen as the patient's condition would permit, it was closed with drainage and the patient after an acute exacerbation of the peritonitis made an uneventful recovery. That this was luck I have not the slightest doubt. Hence my conclusion: First. If a diagnosis is made before rupture, operate at once. Second. If after rupture, barring extreme shock

from hemorrhage, operate at once for the patient is in constant danger of a second hemorrhage or infection and peritonitis. Third. It is safer to operate while the patient is in slight shock, than it is with peritonitis,

of course shock of operation with shock of hemorrhage must be reckoned with before concluding. Fourth. Ectopic pregnancy is strictly a surgical condition, no matter what time it is discovered, and it should be so treated.

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## AN INTERESTING CASE OF TYPHOID FEVER

BY J. EDWARD PERRY, M. D.  
KANSAS CITY, MISSOURI

The etiology, pathology and modes of infection of typhoid fever are so well known by the profession in general, that it will not be the aim of the writer to enter into details touching upon such, but merely to write a short paper upon the misleading symptoms and the treatment adopted at the most critical moments of the existence of the disease, when several times it seemed that death was inevitable.

Experience has forced me to the conclusion that the greatest source of benefit has come to me by my errors in the practice of the healing art and I am further of the opinion that if more mistakes were reported through the columns of various medical journals, that much would often be done to save our brothers in the profession from sad experiences which we (through error) often encounter; so I in addition to discussing the misleading symptoms and treatment will also speak of what I believe to have

been two mistakes in handling this very perplexing case.

Was called several miles into another part of the city to see Mrs. A. S. P. on September 28. Her husband was a personal friend who had recently been appointed to the position of Major of Cadets of one of our Western Colleges and the lady in question (his wife) followed about two weeks after his arrival. She had complained of a general malaise for about three weeks prior to the time that I was called.

Age 26; menstruated at 13, always regular, married four years, no children. Family history negative. Had experienced the usual diseases of childhood. Temperature 103; circulation 120; respiration 26; severe pains in each ovarian region and apparently much pain upon digital examination and bimanual palpation. The tenderness was so great that it was impossible to make the necessary pressure for satisfying myself positively whether or not there was an enlargement of the tubes, etc.

I prescribed an anodyne and febrifuge mixture and advised him, if she were not improved by the next day, that it would be better to send her to the sanitarium. She was sent the following day. In 36 hours, under appropriate treatment, the pelvic symptoms had entirely subsided, but patient was very nervous and temperature remained high. At this time there was no abdominal distention and no tenderness over the region of Peyer's patches. Malaria was thought of, but examination was negative. Typhoid? Widal, positive. Temperature ranging 104 to 104½ at 6:00 a. m. and 6:00 p. m., lowest midday and midnight. An attempt was made to control the temperature with the usual baths and cold packs, but more often than otherwise, when the nurse was through giving the bath the temperature would register a half degree higher than when she began.

Several years ago, my attention was called to the splendid results that were being obtained from Cupric Arsenite in the treatment of typhoid fever. I began giving this patient 1-100 of a grain every four hours, gradually increased until she was taking 1-50 of a grain every four hours. After obtaining the physiological effects of the drug, the baths were more effective in controlling the temperature.

Frequently in typhoid fever when the patient has a tendency towards constipation, feces are retained in the rectum and some writers claim that there is re-absorption of the Typhoid bacilli or their products from such

source and this adds materially as a detriment. To obviate such, the nurse was ordered to give boric acid enemas about three times daily to keep the lower bowels clear. Usually, the solution returned but in one instance about two pints were retained. Three hours following such, the patient had a hemorrhage losing about a quart of blood. In six hours following, her temperature dropped from 104½ to 97 degrees, respiration very shallow and hurried, circulation almost imperceptible. Foot of bed was raised six inches, patient was given 1-1000 Adrenalin Chloride solution 20 minims hypodermically every three hours, Morph. Sulph. grains one-fourth and Caffeine Citrate 2½ grains hypodermically every three hours. Proctoclysis (Murphy's drop method) Oi at first and 8 ounces every three hours. Gradually she improved and the temperature returned to its former height in about 12 hours.

For several days after the above experience we kept the bowels tied up fearing a repetition if they moved. Finally there was such a distention that I was forced to move them and was of the opinion that several very small doses of calomel might prove quite effective. She was given one-fourth of a grain pulverized calomel and soda bicarb every one-half hour until she had taken a grain. This was followed by Liq. Mag. Citrate in wine glass doses. Results were satisfactory. Five hours following the first movement she had another hemorrhage, equal in amount to the first—the results were more de-

pressing—the patient experienced all of the symptoms as in the first hemorrhage and in addition thereto, a partial loss of consciousness, incontinence of urine and feces. The former treatment was administered except the normal saline was given beneath the mammary and the Adrenalin Chloride solution was given intra-venously. The first hemorrhage I thought to be due

to the retained boracic acid solution and the second to the calomel.

A liberal diet was given throughout the course of the disease, *i e.*, beef extract, milk, strained soup, egg-nog and lemonade (very sweet).

Patient made an excellent recovery. Days spent in sanitarium, 74.

## RESPONSE TO WELCOME ADDRESS

\*By C. V. ROMAN, M. D., Ph. D.

In social intercourse the currency of the intellect is of little worth unless guaranteed by the coin of the heart. Words, like paper money, mean nothing unless based on the pure gold of truth. The bank of issue determines the value. Truthful words from an honest heart are as full of meaning as a lover's look, and conversation may shimmer and glance like the "light that lies in woman's eyes."

"Soft is the strain when zephyr gently blows,

And the smooth stream in smoother numbers flows;  
But when loud surges lash the sounding shore,

The hoarse, rough verse should like the torrent roar."

Thus the poet expounds the law of imitative Harmony, showing that words in their very

sound should be suggestive of the subject treated; as, bees buzz, and serpents hiss. Thus Milton describes the gates of paradise as "on golden hinges turning," while the doors to the infernal regions "grate harsh thunder." The sound of words then, should echo their sense; and harmony go hand in hand with truth.

Hospitality stirs the emotions and gives wings to the affections. On the golden shores of truth the waves of thought break into melodious speech. Hospitality and eloquence have ever been friends and boon companions; but gratitude, on the other hand, is a silent and retiring virtue.

"Like the dew on the mountain,

Like the foam on the river,  
Like the bubble on the fountain,  
A moment it sparkles—and is gone forever."

The old harper in Scott's Lady

\*Tri-State Medical Association, Jacksonville, Florida, February, 1912.

of the Lake, contemplating the sight of a departing guest rowing from the island where he had been hospitably entertained, thus philosophizes upon gratitude:

"Not faster yonder rowers'  
might  
Flings from their oars the spray  
Not faster yonder rippling  
bright  
That tracks the shallops course  
in light  
Melts in the lake away,  
Than men from memory erase—  
The benefits of former days."

Welcome addresses are based on hospitality, which is as prone to eloquence as the sparks to fly upward; and responses are based on gratitude—an uncertain foundation for anything but disappointment. This explains the soulful eloquence and bubbling wit so characteristic of welcome addresses. This also partly excuses, if it does not explain, the logical claudication and spavined syntax of the average response.

To even up things and give the responders a chance, the programs are so arranged that the responses must be made at the BEGINNING of the visit, rather than at the end.

Gratitude is akin to faith. "Now, Faith is the substance of things hoped for; the evidence of things not seen." Gratitude, on the other hand, is a lively anticipation of favors to come, and has the unique distinction of being the only thing in God's creation that is stronger at birth than ever after.

These observations apply to

the ordinary social intercourse of the generality of mankind; but when brother meets brother, hospitality should disappear in the greater virtue, LOVE; and in the garden of fraternity, ingratitude is a noxious and exotic weed.

Medicine is not only a noble art but an ancient brotherhood; and the intercourse of its devotees should be regulated by the ties of fraternity.

Membership in such a fraternity is a privilege; and a life sincerely and intelligently devoted to its principles, is a passport to renown.

The honors, privileges, and responsibilities of universal medicine are all intensified when they find tangible objectivity in the American black man of today.

By living up to his opportunities the colored doctor may not only honor his profession, but redeem his race. Disease hath its individuality no less distinctive than health. A Chinaman with pneumonia is still a Chinaman. The principles of medicine are unvarying and universal; but their application is modified by the personality of the patient. In other words, taking men of equal skill and devotion to the profession, those that know their patients best will succeed best. This explains the undoubted superior effectiveness of Negro physicians with Negro patients. And for this reason Negroes should be on the health board in communities with large Negro populations. The Negro knows the Negro better than the white man does; not only this, the Negro knows more than the

white man thinks the Negro knows. One of the tragic delusions of our time is the white man's insistence that he knows the black man, and from that false premise reaching conclusions inimical to us, to himself and to our common country. This is the true dementia Americana. He is by us as my little friend Ralph was by his dog.

Ralph was five years old and the dog was six months. They were playing on the floor in a room by themselves, when suddenly, there arose a great howl from the dog.

"What's the matter with the puppy?" called mamma. "Nussin," calmly replied Ralph, "him don't wanta do up stairs."

The howl continuing, the mother investigated and found Ralph slowly toddling up the steps with the dog on his back, head down, and Ralph with a tight grip on the dog's tail. In Ralph's mind the dog was howling because he didn't want to go upstairs.

When we object to riding all the way from Chicago to Jacksonville without any provision for either sleeping or eating we are accused of not wanting to ride by ourselves. If we knew each other better we might love each other more.

It is proper upon occasions like this to tell who we are and what is our mission—why are we here? What justification can we offer for adding to the already too numerous gatherings of our people?

We come not as did Ponce de Leon (1512) seeking perpetual youth in a land of flowers; nor as Panfilo de Narvaez (1526)

seeking gold and conquest; nor have we come as Ferdinand de Soto (1537), the lieutenant and bosom friend of Pizarro, "clad in costly suits of armour of knightly pattern, with airy scarfs and silken embroidery, and all the trappings of chivalry; with elaborate preparations for grand conquest; arms and stores; shackles for slaves; tools for forge and workshop; bloodhounds trained for hunting fugitives; cards for keeping up excitement; priests to conduct religious ceremonies, and swine to fatten on the maize and mast of the country;" nor have we come as Pedro Malendez, (1865) to wipe out old crimes in the blood of innocent heretics, and rejuvenate shattered fortunes by establishing new settlements; nor as General Jackson, seeking revenge. Our mission is at once utilitarian, peaceable and unselfish: utilitarian, because we have in view definite practical aims; peaceable, because we desire the co-operation of all the people; unselfish, because we seek the good of our profession and of our people rather than personal gain. We are not paid emissaries; but volunteer soldiers of the public weal, paying our own expenses.

"Where is thy brother?" is a question that continually obtrudes itself upon the consciousness of civilized man. That question breaks the chain of slavery, lights up the dungeon cells, builds public schools, founds charity hospitals, and convenes Tri-State as well as other Medical Societies.

The Great Physician looked upon the despised multitude and

called them a harvest—an opportunity for service. Can we as Negro physicians of this Southland do less today? For my part, when I contemplate what Hugo called “The Miserables”—the ignorant, the vicious, the oppressed of my people, I feel the prayer of the convict poet:

“These are pawns that the hand  
of Fate  
Careless sweeps from the  
checker board;  
Thou that knowest if the game  
be straight,  
Have pity on these my comrades,  
Lord.”

But interest and not affection has ever been the basis of successful co-operation among men. An intelligent appreciation of common danger has been the motive for united action. The historian, Ridpath, thus eloquently sums up the settlement of this country and the final union of the scattered colonies:

“Men loved freedom; to find it they braved the perils of the deep, traversed the solitary forests of Maine, built huts on the bleak shores of New England, entered the Hudson, explored the Jerseys, found shelter on the Chesapeake, met starvation and death on the banks of the James, were buffeted by storms around the capes of Carolina, built towns by the estuaries of the great rivers, made roads through the pine woods, and carried the dwellings of man to the very margin of the fever haunted swamps of the South. It is all one story—the story of the human race seeking for liberty.

\* \* \* From the beginning

they were kept apart by prejudice, suspicion, and mutual jealousy. It was a sense of a common danger that at last led the colonists to make a united effort.”

The more intelligent and unselfish members of the medical profession have seen the common danger that disease offers to the progress of our people. More effectively to meet this danger, they have sought to unite the efforts of the profession by frequent conferences. This society is one of these conferences and is intended to be supplemental to similar organizations—co-operating cordially with the various state societies and the National Medical Association; which Association was conceived in no spirit of racial exclusiveness and fosters no ethnic antagonism, but was born of the exigencies of American environment, and has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery, Pharmacy and Dentistry.

Such are the aims and aspirations of the men you welcome here tonight.

Master of Ceremonies, Ladies and Gentlemen,—on behalf of the Tri-State Medical Society, I accept your kindly words of welcome and hope that we may meet the expectations of your hospitality by accomplishing the objects of our meeting.

## TYPHOID FEVER

*Relation of Food—An Interesting Case of Reinfection Occurring  
on the Medical Service of Dr. A. W. Williams of  
Provident Hospital, as Reported*

BY M. P. GETHNER, M. D.  
INTERNE AT PROVIDENT HOSPITAL  
CHICAGO

Though young in the profession I had a chance to observe quite a few cases of typhoid fever which came in under the service of Dr. A. W. Williams, who is on the attending Medical Staff at the Provident Hospital and also a few cases under other doctors.

"You'll see," said Dr. A. W. Williams to me, "that food does not bear much relation to typhoid fever, and patients will get well or die when you use the so-called therapeutic fasting or forced feeding. The important factors in the case depending on the amount and character of the infection or the toxemia, and second, the vital resistance of the infected individual."

The word "forced feeding" looked a little strange to me. I was almost afraid of the idea that the patient will eat plenty and still live. But now I am convinced that patients on "forced feeding" stand better chances to recover than those on starvation diet in proportion of 3 : 2.

In watching the cases, I noticed that milk is most disagreeable, causing a distention of the abdomen which is in most cases distended anyhow, and that buttermilk which is almost as nourishing as milk with a small ad-

dition of cream is better borne by all patients.

An example of the feeding prescribed is as follows:

Milk, lime-water, broth, soft eggs, tea and cracker, soup, buttermilk with a little cream, potatoes baked or mashed and baked apples.

Patients have done better on the above mentioned diet than on therapeutic fasting.

### CASE No. 1.

M. S., 14 years of age, colored, gave a history of drowsiness, anorexia, headache, diarrhea, tender abdomen, no rose spots. Spleen not enlarged, the only positive symptom was the Widal test. The first few days he ran a reverse temperature, *i. e.*, morning temperature higher than the evening. After the 4th day the evening temperature became higher and lysis started.

### CASE No. 2.

Mr. P., age 26 years, came in with the diagnosis of appendicitis, tenderness over McBunney's point. No other symptom noticed. Examining the blood we found Widal positive and rose spots appeared two days later. He ran a very typical course. Respiration always 24 and a pulse ranging between 70-80. The temperature became

normal or slightly subnormal about the 23rd day in the hospital.

### CASE No. 3.

Mr. W., age 33, white, gave a history of headache, anorexia diarrhea—5 to 18 stools a day. Rose spots discovered next day after his admission to hospital. Blood: whites 8200; urine, neg, only some increase in indican. He ran a typical type of typhoid and about the 15th day in hospital, lysis occurred till the 18th day. From the 18th day on we noticed a gradual rise of temperature shooting right up for a few days. On hunting for the cause, we found that on that day, he had been started on toast. We discontinued the toast and the temperature went straight down making almost an oblique line. About the 27th day the temperature was about normal and stood there for about 3 days, when it jumped up again and about the 34th day it reached its maximum of 103, when *new rose spots appeared* and *Diazo* became *positive* again. There is no doubt in our minds that that was a reinfection and

looking for the cause, we found out that on the 30th day of the disease, some of his kind friends were kind enough to surreptitiously bring him three peaches, which he gladly accepted and ate. About the 45th day he had a slight hemorrhage and the temperature fell from 99.8 to 97. About the 48th day temperature reached the normal point and he was permitted to sit up in a chair, but the temperature jumped right up from 98 to 100 indicating that the toxins were not entirely eliminated, and when put to bed it declined in the same ratio. This case has been very instructive to me as he ran a normal course which was interrupted by improper food and permitting the patient to sit up too soon. His pulse and respiration were always good (84-24).

I also came to the conclusion that a reinfection is possible as is shown in this case and that it is always dangerous to permit the patient to sit up out of bed previous to 4 to 7 days after the temperature reaches the normal point.

## A COMPARATIVE PHYSICAL STUDY OF THE NEGRO

By EDWARD MAYFIELD BOYLE, M. D.

WASHINGTON, DISTRICT OF COLUMBIA

The object of this paper is to call attention briefly to a few practical points of every-day occurrence, some of which may never have appeared to most of us as militant entitles against

the physical well-being of members of our race.

As a type of infectious disease I have chosen to use tuberculosis inasmuch as a detail study of all or most of the infectious

diseases that may be called into question in this connection can hardly receive respectable mention in the time allotted me.

As a result of an editorial comment of the New York Medical Journal on the Jeffries-Johnson fight, last summer, my attention has been more seriously called to the Negro's comparative physical value than ever before. Although admitting the physical and strategic superiority of Johnson over his opponent, the writer strove to give his readers to understand or imagine that, within the ranks of the entire white race, there is certainly some obscure person or persons who could have vanquished the black champion; that the Jeffries-Johnson fight does not mean that the Negro is the physical superior of the white man; that it proves nothing; that in a fictitious encounter among picked whites and blacks the physical superiority of the white race could be easily demonstrated; that as a proof of their physical inferiority. Negroes sooner than whites become decrepit and aged; that pugilists of the African race very readily succumb to infectious diseases, especially tuberculosis.

The writer who, undoubtedly, was actuated by the common prejudice and chagrin which led to race riots after the prize fight was, in part, promulgating and emphasizing the general "Dogma" of the Negro's physical vulnerability to infectious diseases as taught, principally, in many, if not all American medical schools and published in American literature on

the subject. Under the guise of conclusions reached through scientific investigations, but without a word on the promptings of race prejudice which is as influential in the pathological laboratory as it is in the various walks of life, it is being taught and spread broadcast that there is something inferior and ever prone to the processes of decay beneath the cutis vera; that apart from being unable to withstand the onslaught of infectious diseases, the Negro is, like the fly, the mosquito, the rats and mice, an arch-carrier of disease germs to white people. On the other hand, through many credulous and misinformed practitioners of our race, this erroneous deduction has not only taken root in many places but is being scattered wider and wider among the unfortunate masses who are without the means of proving its truthfulness or falsity. The result of this is a two-fold mischief, whose tendency is directly favorable to the increase of the death-rate of the Negro: (1) Physicians who believe that the Negro is peculiarly vulnerable to tuberculosis, for instance, are often tempted to pay very little or no attention to such cases except to keep track with the progressive steps of physical impairment until they are called upon to sign the death certificates. (2) Dreading the disease which is socially and physically repugnant, and unwilling promptly, in many instances, to consult a physician for fear that they might be told that they are afflicted with the dreaded disease which is deci-

mating homes and community, the laity, in numerous instances, prefer to diagnose their own cases as "bad colds," "a run-down condition," etc., until the curable stage has passed forever.

I remember contending with a colleague on the much-discussed question of the Negro's susceptibility to tuberculosis. Without even enough patience to listen to my argument, he interrupted with the following retort: "How much more evidence do you want? You see for yourself every day how many of our people contract tuberculosis and die; and to my mind, this is enough proof of the Negro race being more susceptible to tuberculosis than the white race is." I am glad to say that the colleague in question has since changed his views in the matter. Nevertheless, that this view of tuberculosis and its relationship to the Negro is still shared by many practitioners of our race no one will deny. But does the contractibility and fatality, per se, of tuberculosis suffice to gainsay the physical ability of any race to withstand the attack of the disease? Granting, for argument's sake that it does—does the epidemic of acute anterior poliomyelitis, last summer, prove anything for or against the physical integrity of the white race since there was a higher mortality of that disease among white people?

The contracting of diseases is a process which is governed by a collection of causes, resident within and without the host. These causes, whether they be bacterial or non-bacterial, per-

petually operate against the bulwark of physical resistance which, under ordinary conditions, is infinitely sufficient to preserve intact the health of the individual. The inroads of diseases are facilitated by acquired, congenital or hereditary influences as well as by an overwhelming attack of pathological agencies or by their hyper-virulency. Very potent also is the inimical bearing of bad hygienic and sanitary influences in their widest and most liberal application. Therefore, in accounting for the sway of diseases the fact that they are contractible with more or less lethal effects will not suffice as a guide in an impartial scientific study. The various influences operating, either directly or indirectly, potently or feebly, whether within or without the host, the housing conditions, habits, and so forth, must all be arranged to ascertain to what extent they have made predisposition possible in the victim.

Until halted by German and English investigators in tropical diseases, American essayists were bent upon teaching that tripanosomiasis was peculiar to the African and, more specifically, that it was a black man's diseases. The fact that the white and black races were equally susceptible was speedily announced by German and English authorities; and an Englishman went so far as to suggest equal and simultaneous exposure of any sceptic with a Negro to the bite of the glossina palpalis in order to prove the truth to his undying satisfaction. But there is hitherto no

scientific applicant for this sort of practical demonstration.

At the dedicatory services, last year, of the New Science Hall of Howard University the public and unequivocal denial of the alleged susceptibility of the Negro to tuberculosis over and above that of the white race was vocalized by no greater authority in medicine than Dr. William H. Welch of Johns Hopkins Medical School. In his assertion, Dr. Welch was voicing the findings of those of his colleagues who, because of prejudice and the irresistible disposition toward maligning the Negro race, have said everything else but the truth, or the whole truth, whose candid assertion would naturally place the Negro on physical par with the white race. That poverty, bad housing conditions, ignorance of the laws of hygiene and sanitation, and inebriety, for the most part, influence the susceptibility of the Negro to tuberculosis was given authoritatively by the eminent Johns Hopkins pathologist.

As a matter of fact, the views of Dr. Welch, in regard to the Negro, undoubtedly, obtain precisely in Ireland where the Irish contract tuberculosis and die much more readily than they do in the United States.

While the American Indian is specified as particularly susceptible to tuberculosis, there are just such reasons obtaining in his case as figure in the consideration of the Negro. The influence of civilization has been pointed out by some observers.

The smallest death-rate from tuberculosis recorded up to 1900

by W. A. King, Chief Statistician of the United States Census Bureau, is in favor of the Russian-Polish Jews; but practically the same physical condition obtains among Jews of other nationalities and can be accounted for by their religious precepts which strictly govern their religious and secular life.

A thing which is absolutely unknown among unchristianized Jews and which is in no small degree responsible for the spread of tuberculosis among many Christian people, especially the Negro, is the Communion cup. This needs no lengthy explanation. It suffices to say that it is the custom of hundreds of people to drink wine, out of one or two cups, at the Lord's Supper, without resentment for the inevitable interchange of saliva and microbes from mouth to mouth, *ad libitum*. Fortunately for the Jews they have not such religious obligation to fulfil; and to this extent the modernized Jewish mode of worship is in itself a physical conservator as well as a vitally quickening influence of the spiritual nature.

(Let it not be understood that I am condemning the Communion. I am simply pointing the evils of the universal cup which can be remedied by the individual cup.)

The laboring and domestic classes of Negroes are very often the victims of infectious diseases contracted in the employ of white people. It is they who have to contend with refuse and dejecta of the household in sickness and in health. It is the colored women who are often

employed to wash the clothes of premises in which there is diphtheria, scarlet fever, tuberculosis, typhoid fever, etc. Through them diseases are transmitted to the homes of other colored persons who suffer in many ways as the result of heightened virulency of successive inoculation and from want of means to provide adequately for themselves both in sickness and in health. But the same relentless devastation of infectious diseases would obtain, invariably, among other races if identically exposed and circumstanced.

A familiar feature in the pathological laboratory is the heightening of the malignancy of bacteria by passing them through the bodies of susceptible animals. The increased virulence of pathological agents by their transmission from one person to another during an epidemic is well known. Thus, for instance, a patient suffering from diphtheria contracted from another patient is apt to suffer much worse or succumb very speedily whilst the patient who furnished the source of infection may suffer comparatively less and even recover. These facts are governed by laws which, fortunately, operate regardless of colour. A prophylactic procedure so much in vogue and so logical, too, in its application is rigid isolation to limit the spread of contagious diseases. This method finds its most frequent application at the harbour quarantine stations and in the closing of public schools whenever the presence of a contagious disease is discovered. It was not later

than last winter when the Johns Hopkins Medical School closed *sine die* as a result of an outbreak of diphtheria among its students. The strict quarantine being instituted in New York harbour against Asiatic Cholera is also worthy of note. Thus, the embargo against infections and contagious diseases finds the same practical and useful results in its general application to other races and establishes again the evidence that the prophylactic precepts against microbic diseases of all sorts were never intended for Negroes alone and that they apply equally to the white and other races as well.

The gross ignorance pervading the homes of the masses of Negroes—ignorance as to hygiene, sanitation, dietary, personal and social habits, inebriety—play no small part in detracting from the physical resistance of the race. It is an easy matter to sit in a hospital clinic and, after going through the gamut of physical examinations, formulate elaborate theories and conclusions as to the whys and wherefores of certain observances. It is another thing altogether to visit the homes of the patients, not once or twice, not accidentally, not with eyes shut and reasoning baffled with prejudice, but often and without the bias of a previous conclusion, to investigate the mode of living from cellar to roof. Those who do this will not be apt to hazard the statement of Negro physical inferiority. They will rather see an array of unusually potent and recuperative forces at play

for the purpose of maintaining the vital processes of an organism, the like of which has never been surpassed in the economy of the human family. The greatest wonder to my mind is not that many Negroes suffer from infectious diseases, but that many more, especially among the untutored masses, do not succumb to the same fate.

It is a notorious fact that Negro workmen are paid less wages than white men are for the same work; that colored people are made to pay higher rent for dwellings of every description. Because of hardships induced by racial ill-will, ignorance and the unhealthy condition of many alleys, the masses of our people have figured very disadvantageously in the struggles for existence. The disposition of relegating Negroes to unhealthy localities under the guise of "separation in the interest of peace" between the so-called white and so-called colored races is losing its masquerade in some places, like Baltimore, where a shameless Ghetto system, forbidding Negroes from acquiring real estate property among white residents, may soon become law.

The care and pains exercised by white physicians with respect to white patients are not always shown their colored patients. It is not infrequent that colored consumptives are permitted to go from bad to worse because their white attendants have been taught that the Negro is exceptionally predisposed and that through an inherent physical harmony with the disease he is bound to suc-

cumb sooner or later. Then, again, there are sanatoria in which Negroes are not admissible, no matter whether their cases are curable or ameliorable. Having nowhere else to go for specific treatment, even when they can pay for it, they are compelled to remain home and die. The frank confession of a white physician in Maryland, several years ago, that if his patient were white he could get her into a sanitarium for consumptives, not far from Baltimore, was another way of telling her that since she was colored it has been decreed that she must remain home and die. So she did, although she was fully able to pay for her treatment. There are also sundry medical schools and post medical schools where colored applicants are refused admission because they are colored. One would think that the undesirableness of colored patients in certain hospitals and sanatoria would furnish the strongest reasons why colored students ought to be admitted to the best schools, if equipped with the entrance requirements, in order that they might prepare themselves to serve their own people, relieve the other race from a strained mission of mercy and thus place the entire burden of taking care of the colored sick in the hands of efficient colored practitioners. It is evident that the death-rate of many colored people from diseases, or their bad showing when under the influence of diseases, is in many instances due to want of proper professional attendance as well as to the lack of attention of

any kind. But in the official reckoning that follows, either by the Census Bureau or the Health Departments, the death-rate of Negroes is computed with the most elaborate and solemn deduction that the proportionate increase in this or the other disease is indicative of a special predisposition to that disease. Such a deduction, made as it is without any regard for the general circumstances attending these cases, is, to say the least, misleading to the medical world which looks to official sources for accurate scientific data.

The fact is we have no reliable or definite scientific gauge for comparing inherent physical merits of races. The clinical data at our disposal have furnished nothing precise because they are also influenced by other than the independent physical behavior of the individual. And, usually, what obtains in certain cases does not in others. The minute and gross study of the body tissues has disclosed nothing incontestable for or against the physical behaviour of a given race with

reference to any one or more infectious diseases. There are numerous phenomena of physical vulnerability in individuals and races which we do not understand and which we cannot account for. We know, or seem to know, that error in diet and mal-nutrition, together with the unrivalled squallor of some of the European proletariat, especially the Italians, are responsible for the large number of rickets recorded against them; and that the peculiar susceptibility of some of the Continental immigrants to trachoma is due to their unsanitary habits. But why rickets should be so little noticeable among Italians in this country and trachoma almost unknown among our Continental immigrants, when most, and often all, of their transatlantic habits and living obtain here precisely as in their fatherland, we do not know and may never know. It simply goes to prove that there is a subtle behavior of every disease depending upon other than the inherent state of the body and modified by localities and other extraneous agencies. . . .

## PRESIDENT'S ADDRESS

*Negro Medical, Dental and Pharmaceutical Association  
of Arkansas*

By J. H. BARABIN, M. D.

For three consecutive years it has been my duty as President of our organization to address you in the capacity of presiding officer. I am not unmindful of the responsibility and obligations connected with the honor and can assure you that it has

been my greatest desire to take in consideration the interests connected, and to protect the good name of this organization, so that it shall stand on the apex of success and reflect the honor to which the Negro Physicians, Dentists and Pharmacists

are entitled. More and more our people are appreciating the worth and intelligent service of the Negro professional men and are intrusting into their hands health and lives and honor of their families. We, however, should not be merely sponges, but should be both aggressive and progressive, taking in all of the best of the scientific discoveries and adding also to the world's store of knowledge, by our own efforts.

To do things as our predecessors did, to think in the same old rut, to follow the crowd, in other words, to make no advancement, in this day of constant discoveries means that we are standing still—or rather retrograding—for in this day of medical practice—there must be constant advancement or retrogression.

Already Tuberculosis has claimed its hundreds of thousands among the more favored races, and has seemingly turned like a vicious animal and is now destroying the very life of the masses and classes alike among the Negroes of America.

What shall be done for checking this monster's progress among our people will depend largely upon the efforts of the Negro Physicians.

Be our creeds what they may, it is our moral duty to teach the people how not to get sick. For already Preventive Medicine is the question "par excellence" and men are becoming more willing to pay for information rendered in this direction, than for medicines administered. And since our people are the least able to comprehend these meth-

ods of preventing disease, ours will be the greater task to impart to them the necessary information.

When we consider the laws of sanitation the wonder is not that so many are sick, but how in the name of common sense, they are not all dead.

However hard the task, however dense the ignorance, we are the ones to do the battle, we are the ones to fight the evil.

The Hookworm is safe and needs only to be discovered to be put out of commission, but Pellagra, that King of them all, as dreaded as the Asp of Egypt, as baffling in its insidious assault as it is intricate and puzzling in its treatment, destroying life wherever and whenever it touches—calls for the untiring efforts of all science until some day, it too will bow its head and lay prostrate before the united assaults of scientists—but it is not for us to await its destruction by the more favored race, we must add our efforts to destroy it—and bend every energy possible in the discovery of its origin and treatment.

It is pleasing to note that the Commission appointed by the National Medical Association made most elaborate and scientific reports on the subject and that the paper presented by a member of this Association at our last meeting was most highly commended by one of the most learned doctors of the State of Arkansas, which in itself shows that at least some of the Negro physicians are not mere parasites on the profession, but are thinking and investigating and giving to the

world some of the best efforts and information which it is receiving, and that in the near future, the Negro Doctor will be counted an important factor in the field of medical research and given due credit for his efforts and discoveries.

It is said that the Negro will some day contribute materially to the sciences of the world. Those of us who believe in predestination may have a perfect right to await some great phenomena, which will place them among the front rank of scientific discoveries, but we who hold that there is "no royal road to Geometry" will have to apply ourselves unceasingly to the problems, and apply whatever knowledge may be at hand, and delve deep into the hidden recesses of our intellect, and bring forth some new gems which have not as yet found their way into the chronology of scientific discoveries.

The great cry at present is the Hospital. We hear it on every hand, and that, too, very complimentary, but to my mind, the greatest need at present is not the Hospital but Negro Physicians and Surgeons to operate and manage such an institution. We must be either prepared to manage it from basement to attic or we shall make an ignominious failure in our attempt to run such an institution. It will be a grand thing as well as beneficial to have a hospital in Arkansas, and no man has higher or brighter hopes for such an institution than I, but, gentlemen we must face facts. Theory will not do, accidental success will not suffice, guessing

will not profit, the spending of much money for buildings and ground will be as pearls cast before swine, unless we prepare ourselves for the scientific successful management of this institution. The populace and the profession have both caught the spirit for the needs of such an institution. The only thing needed is united efforts to place the matter squarely and forcibly before the people.

It is my opinion, based upon past experience that if the hospital is to be built and maintained, it will be through the cooperation of the Christian congregations and churches, and not by the donations from the secret fraternities, for while the latter is also based upon charity, it has removed the landmark so remote that charity does not enter very largely into its consideration. I hope that this statement is not true and the making of it will cause the true spirit of the fraternal orders to show itself.

Year after year we who are able should pursue post-graduate courses.

The National Medical Association is publishing at Tuskegee Institute, Ala., quarterly, a Journal, which should give to us the greatest concern, and should call for our united support.

We may not all be able to attend the annual meetings but we can and should every one of us subscribe for the Journal which means so much to us—for this very Journal is destined to place before the world the achievements of the Negro Physician and Surgeon of America

as no other journal can and will. I commend to your careful consideration the help you can render both by contributing articles and lending financial support to the Journal. I am opposed to the beginning of the publication of a state journal at this time, but think our entire force should concentrate on the National Journal and first make it a success before attempting a state journal.

The National Medical Association brings together a vast amount of scientific medical knowledge and so many as can should attend its meetings and help give it the impetus it should have.

The annual fee for members in our state organization is the smallest possible, and with it, it is impossible for us to accomplish anything. I therefore recommend that the annual dues shall be Three Dollars (\$3.00) instead of One, so that we may be able to publish our proceedings and to defray in part if not in total the expense of our delegate to the National meeting yearly.

The Association with physicians from different states is eminently beneficial and the interchange of ideas imparts moral helpful suggestions. I therefore recommend that this organization communicate with the officers of the Medical Associations from Tennessee, Mississippi and Louisiana, looking to the formation of a Quarter-State Association for our mutual benefits and improvements—for there are problems confronting the Negro physicians of the Southern States which call for

a closer union and a better understanding amongst us.

Ways and means should be attempted by which the physicians should be more interested in the state organizations—why this lack of interest is more than my finite mind can comprehend. It should not be said that a little gang of doctors meet annually, name themselves officers, have a good time, adjourn and don't represent the doctors of Arkansas. During our administration we have striven to make all perfectly welcome and if there has been any partiality shown, it is more than we know.

The papers discussed have been interesting, profitably and ably discussed—and there are none of us who know and enjoy the benefit of these meetings who are not eager for the time to come to meet again. Where the fault lies and what causes the apathy I hope the next presiding officer will be able to find—and create such an enthusiasm that at least our next meeting will be greeted by one hundred out of the one hundred and forty-five doctors in the state. It is a fact, one-third as many doctors attend the grand lodges of the secret fraternities as attend the yearly meeting of this organization. Too many who never attend even when we meet in their city will travel two and three hundred miles to attend the Grand Lodge meetings. Why they are more interested in Grand Lodge meetings than in the professional meetings may be a question of pies, but I hope not,

## PELLAGRA AND SALVARSAN

BY WILLIS E. STERRS, M. D.

DECATUR, ALABAMA

It is just in the last few years that we have had diagnostic knowledge enough to recognize Pellagra, though I am sure it has sporadically occurred in the territory of many of our fields of labor; has come into many of our practices, run its course; dubbed a misnomer, and was consigned to the grave without the least suspicion of an error in diagnosis. If you have had the same experience as I have, you can sit meditatively and recall some cases of yours that you can now call up from the dust and diagnose as Pellagra.

During the spring, summer, and fall of 1911, Pellagra seemed epidemic in this portion of Morgan County, Alabama. Six cases having come to my notice. Three of these were my patients, and three the patients of other physicians. Atoxyl, arsenic in all forms, iodide of potash, tonics and alteratives of all descriptions were used, yet all cases came to the same common termination, viz: death. Some died from cerebral and spinal complications, and others from weakness. In some cases there appeared beneficial results from some of the medication, but this was only temporary.

After noting the rapid and marked improvement of my syphilitic patients treated with intravenous Salvarsan, I decid-

ed to give "606" a test in my next Pellagra case.

During the last of January, 1912, a case of Pellagra came under my treatment. There were the skin lesions that are characteristic, being marked on hands and feet, elbows, and about arms. The diarrhoea had been persistent for some weeks when first I saw the case. Anorexia was pronounced with a distressing emesis upon deglutition of food or drink. Much loss of flesh and muscular power. Salivation marked. Mentally disturbed.

The patient, a mulatto female about 37 years of age, was at once sent to the Cottage Home Infirmary, and given 300 cc. Salvarsan intravenously. All symptoms began clearing up in two days. Within fifteen days the skin was normal, except about the elbow joints. All other symptoms had entirely disappeared. I found the diarrhoea was the most obstinate symptom to yield. Resor-Bisnol had served me well in other obstinate cases of diarrhoea from intestinal affection, and as soon as the emesis disappeared, the patient was put upon five-grain capsules of Resor-Bisnol. Two days after beginning this treatment, the diarrhoea had disappeared,

I am not positive that my case is cured. I shall continue to watch it; but the relief was the most speedy from any former treatment I have tried. I claim no priority for the application of Salvarsan, but report the case in order that others might investigate along the same line. Since

the etiology is not settled, whether maize, fly, mosquito, fungus or germ is the cause; whether it is allied to leprosy, syphilis, or is distinctly specific, investigations are worth while. I should be pleased to learn of experience of others with Pellagra, and their treatment.

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## REPORT OF CASES OF PELLAGRA

BY W. H. STRICKLAND, M. D.

ALTHEIMER, ARKANSAS

Case I. A married woman. Age 36 years. Six healthy children. No specific history. Came to my office May 2, 1910 complaining of having had a chill with its accompanying malarious manifestations and which had left her with night sweats, and with aches and pains; but she was concerned mostly about her hands and forearms, which were covered with an erythematous rash, or rather shield extending from the digital extremities to midway to the elbows of both hands and arms. Between the digits and the palmar surfaces were fissures. I noticed also that the face presented a roughened appearance; lips swollen and slightly cracked; the tongue, gums and buccal cavity a fiery red and quite sore. I treated her for symptoms, and for eight or ten days she seemed to improve. At this juncture I had a hurried call to see the patient. I found all the symptoms aggravated, even rash on arms, and condition of mouth which appeared to yield to first treat-

ment more pronounced. The mouth quite red, and very sore; the fissures of the palmar surfaces deeper and uglier; the bowels moving from four to five times daily, and stools rather offensive, and of a stringy mucous consistency. She complained of pain on micturition, and on examination found labiae majora dry, fissured and the entire vaginal vault presenting an appearance similar to the mouth. She complained at this time of hands and fingers hot and cramping, and that the stomach and back felt like they were coming together. From this time on she began to grow worse, to emaciate rapidly, and to exhibit a ravenous appetite, and melancholia. By this time I had made my diagnosis—Pellagra—and directed my treatment accordingly. The hands and forearms grew much better; the mouth and throat improved only to have the same symptoms appear on feet; the

heels cracked open, and between toes same as were presented between fingers, and very offensive. She soon became demented, grew helpless, greatly emaciated, a mere skeleton, and died of starvation and exhaustion.

While treating the case, I was conferring with some of the most eminent physicians of the state, each of which confirmed my diagnosis. In treating the above case I gave some form of arsenic internally, and for the hands and mouth, the feet and vagina, I used camphor with phenol and blue stone, which healed the extremities very nicely, improved the mouth, but not much for the vagina.

Case 2. A young married woman, 23 years old. No children, though married six years. No specific history. I was called to see her July, 1910. Patient was suffering from what appeared to be gastric catarrh with slight sore throat. On examining the mouth, and noting the fiery appearance of the tongue and cavity, had my suspicions aroused, and on examining hands and forearms made my diagnosis—Pellagra—I treated the patient, got her around again, and concluded to watch the case and give treatment during winter and early spring. She “took sick” as she put it, and called another doctor who treated her for several weeks, when she pre-

sented herself at my office with an unmistakable case of Pellagra. She has developed all the symptoms of case 1, even to the dementia, together with a failure as to eyesight, (eyes being slightly congested) and at times food passing through with no apparent change.

Case 3. Widow. 40 years. Never a mother. Has all the symptoms of the first, except dementia.

Case 4. I visited and made diagnosis, but is being treated by another physician.

Case 5 and 6. I have not seen, but learn they are genuine cases of Pellagra. These cases are four of them within a radius of a mile, and three being on same plantation.

My treatment now consists in giving a hypodermic injection of Cacodylate of Sodium, beginning with one-half grain and increasing to 2 grains. Thymol internally to regulate bowels, and an exclusively liquid diet.

Case 4. Is improving under the treatment; and though evidencing the advanced symptoms of case 1, is now up and around in the house, and hopeful.

Case 2. Seems to be slightly improving though her case was for a while extremely doubtful, and this is her second summer with the Pellagra.

## THE CASE OF LEPROSY IN INDIANA

Special interest attaches to the report of this case (N. D. Brayton, Jour. A. M. A., Mch. 9, 1912) because of the fact that the patient is a colored woman, a native of Tennessee, and had never visited any of the leper regions. The case was thoroughly studied by A. W. and N. D. Brayton and Bernard Erdman, by Hopkins, the leper expert of Louisiana, and other local physicians. According to the history which was very carefully gone into, the patient was born in Hawkins County, Tennessee, sixty years ago, was twice married, mother of six children, two of whom are living. The only places she has visited or lived are Chattanooga, Knoxville (here she spent most of her life), Chicago, and she moved to Indianapolis three years ago to live and had resided there ever since.

Her affliction began about five years ago "when a brownish-red papular lesion appeared over her brow. One year ago her arms, trunks and legs were also affected with dark blotches, with slightly elevated margins similar to those of lichen planus." Her greatest complaint was itching. The ears, face, and scalp "presented numerous nodules, becoming confluent and ranging in size from a pea to a silver quarter in diameter, and from one-sixteenth to one-quarter of an inch in elevation. Bleeding and oozing were easily provoked by friction of clothing or rubbing the nodules with gauze. The nodules were markedly anesthetic. Alopecia of the

lids and brows were present. A slight thickening of the left ulnar nerve was detected. There were, however, no arthropathies, no perforating ulcers, no bone or eye lesions. Hyperesthesia existed in recent erythematous patches on the legs. The thermic pain senses were not involved. The general health of the patient was excellent. She ate and slept well; her temperature was only a half degree above normal. The lepra bacillus was demonstrated in smears from an incised nodule of the ear. The Wasserman reaction was negative. No other members of the family were infected. On the advice of Hopkins, "the usual treatment of chaulmoogra oil, strychnin, abundant feeding, daily morning and afternoon baths in borated and soapy waters and petroleum freely as an unguent" was employed. A point in the history is that for many years the patient has been in the habit of eating salt mackerel and herring and other dried and salt fish. Jonathan Hutchinson, Blane Ashamed and others have said that fish play an important part in the etiology of leprosy, basing their theory on the observations in British India among the lower fish eating class who are not careful about the freshness of their foods. Against their theory, however, is the fact that the lepra bacillus has never been found in fish and that observers remark on the lack of immunity from leprosy among peoples who are forbidden by religious obligations, the eating of meat.

—Dyer in Osler's *Modern Medicine*.

# JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

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## A Personal Note

DURING the trip to Jacksonville, Florida, the Editor of the Journal made stops en route at Chattanooga, Tennessee; Atlanta, Georgia; Forsyth, Georgia; Macon, Georgia, and Cordele, Georgia. In all of these places he was the recipient of many personal and professional courtesies. There were organized professional efforts in his honor at Chattanooga and Macon, and Alumni efforts in Atlanta and Jacksonville.

The Mountain City Academy of Medicine and Surgery under the presidency of Dr. H. E. Simms, was convened in extraordinary session in the well appointed offices of Drs. Cardwell and Clemmons. Messrs. Allen and Wickliffe, the genial and successful druggists, helped to round up the boys and make things pleasant. This is the home society

of Dr. W. O. Thompson, president of the Tennessee State Society.

Dr. Thomas H. Slater of Atlanta, old friend and classmate of the Editor, convened the Meharry Alumni in his office to meet the Professor of Diseases of Eye, Ear, Nose and Throat in Meharry Medical College ("which same is us"). It was a very pleasant meeting.

In Macon, Dr. T. P. Moore corralled the boys into the office of Dr. Richard Carey, who is one of the few colored physicians doing a limited practice. So far as is known to the Editor, Roman of Nashville, Tennessee, and Carey of Macon, Georgia, are the only colored physicians South of the Ohio River doing a practice limited to the Medicine and Surgery of the Eye, Ear, Nose and Throat.

In addition to this united professional courtesy the Editor is under obligations to Drs. T. P. Moore, R. Carey and J. W. Lundy for individual testimonies of esteem and friendship.

In Cordele and Forsyth the individual hospitality of Dr. Wilson and Dr. Boddie, respectively, was showered upon the Editor in a way that makes glad the heart of a traveler. While Dr. Wilson was temporarily "baching" Dr. Boddie was joined by his wife, also a physician, in dispensing hospitality to their friend and former teacher.

In Jacksonville, the Editor was met by Drs. Brewer, Patterson and White of the Local Walden Alumni Association who had arranged for a popular lecture. The Jacksonville program arranged for the Editor went through without a hitch and everybody, guest and host, seemed satisfied. Altogether the visit was one of the most strenuous and pleasant of the Editor's somewhat varied career. In a bouquet of pleasure it is difficult to individualize sensations, and where a whole community is hospitable it were invidious to personate, and yet it is necessary to make some detailed comment to relieve one's feelings.

Drs. Palmer of Atlanta, Hills, of Jacksonville, and

Brown of Birmingham, might be denominated the "big three" of the Convention.

The most missed and inquired after man was Dr. John A. Kenney of Tuskegee Institute, Alabama.

The public program was well received, but Dr. Harris of Athens, Georgia, was the only man to strike oil. The screen folks presented him with a new hat for his talk on flies.

Messrs. Geter and Blodgett, local capitalists, were the most conspicuous and regular non-medical attendants upon the session.

Drs. Brewer, Livingston, McCleary, Patterson, J. Harvey-Smith and I. A. White of the local Alumni looked after the personal wants of the Editor.

Drs. Freeman and Anderson, Dentists, and Plair, Pharmacist, kept the M. D.'s from monopolizing the spot light.

Rev. Patterson, the pastor of Ebenezer M. E. Church, where the daily sessions were held, kept a watchful eye on the boys. He is the father of one of the local physicians and was the host of the Editor.

The stag, the banquet, the auto rides will remain green spots in the memory of the participants.

Dr. L. B. Palmer of Atlanta promised to prepare an account of the meeting for our Personal and Society columns, so I will close this personal note by congratulating Drs. Brown, Hills and Palmer upon the success of the first meeting of the Tri-State Association.

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## The Nurse Question

EVERY physician who has had the services of a nurse, cannot but appreciate the valuable assistance that she is capable of rendering, and how much detail work he can be relieved of through her co-operation. Occasionally he may become disgusted with one or with the class as a whole, because he has come in contact with one of the

officious variety who tries to combine in herself the duties of a nurse, physician and head of the house, leaving to the physician the mere duty of paying a daily call. This variety is not scarce but it would be unjust to say that they are the rule rather than the exception. The greatest obstacle, however, to the use of a nurse is the apparently excessive wage that they demand for services—not excessive if the patient can afford it; but so few of the average practitioners' patients can afford to pay \$15.00 or \$20.00 per week for such a luxurious necessity. Often therefore the physician is forced to depend on such unsatisfactory makeshifts as occasional-visiting friends, incompetent, ignorant or filthy "home-made" assistants, and other impediments to convalescence.

One physician of the writer's acquaintance has happily solved this problem for himself in the following manner:

He secured a reasonably intelligent young woman of steady habits; he had her take the reading course prescribed by one of the better-class correspondence schools; and at the same time took her in his office and on his work to give her the practical phases of the correspondence theory; in this way he trained a woman who would carry out his orders and do her work in the way that he wanted it done. She has proved an indispensable assistant; and her services can be obtained at a reasonable figure. Thus: in obstetric work she is present at the confinement, rendering all necessary assistance during and after labor; then she calls each morning for a week or longer to care for the mother and baby; for this she receives from \$5.00 to \$7.00 per case, and more if more of her time is required; there is nothing to prevent her from caring for three or four patients at the same time, which she frequently does. For such operations as are to be done at home (curettage, removal of tonsils, etc.), she precedes the physician, makes all necessary preparations, assists during the operation and remains for such time as he may require; for this she gets

\$2.00; for other minor work, such as removal and application of dressings, massage and instruction in the preparation of foods, she receives fifty cents per hour.

A three-fold benefit is thus bestowed: the physician is relieved of a deal of time-consuming detail; the nurse makes a good living and the patient receives valuable services at a nominal cost.

In such cases, however, where the patient can afford it, he installs a graduate nurse. "A"

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## Health and Disease

THE EPIDEMIC of meningitis in Dallas, Texas, has illustrated strikingly the folly of race prejudice in matters of humanity. Because it affected only colored people at first the health authorities paid little attention to it. The city has paid dearly for such folly. By every dictate of common sense, to say nothing of justice and fairplay colored physicians should be members of Health Boards in communities with large colored populations. The general welfare demanding it. The following editorial from the Houston Post has the right ring:

### A LESSON THAT MUST BE LEARNED

On quite a number of days the report came from Dallas that the new cases and deaths from meningitis were among the Negroes, the inference being that the local authorities thought the danger receding so long as the disease was confined to the Negro districts. The tone of these reports was amazing at the time, but further experience has shown that the authorities in the North Texas city are beginning to understand that even white people cannot be indifferent when a deadly contagious malady exists among the Negroes.

It is a lesson all Southern cities must learn in all branches of progressive endeavor. No movement for the public good or for the protection of the public health can be successful that omits the Negroes from full consideration. They are in every city in goodly numbers and no peril can threaten them that does not equally threaten the white people. If it be a menace to health, we must take cognizance of the fact that Negroes are employed in our homes and that we must come in contact with them every day; if

it be a menace to morals or to good order we are in exactly the same boat.

People who think the whites are separate and apart from the Negroes are deluding themselves. The whites are exposed to every disease that afflicts the Negroes and we can build no wall of protection about our own households that will prove adequate unless we take note of the dangers to which we are subjected from the Negro quarter.

When a Negro dies of meningitis, or smallpox or other contagious disease, it is time for whites to take notice, for contagion and epidemics are no respecters of persons or races. Our own health authorities in Houston have been just as watchful of the conditions in the Negro sections of the city as in white sections for the plain reasons we have stated, but we do not in all respects recognize the mutuality of interest in our municipal life, and we must do that to bring our forward movements to complete success.

The sanitary needs of Houston cannot be met by confining our operations among the whites. All work of that character and all civic effort must include all the city's area and all the city's population. Happily, there are many Negroes of intelligence, character and public spirit in Houston. It is but the part of wisdom and self-interest to enlist these in matters pertaining to the common welfare. The Negroes respond readily to encouragement from the white people, and our civic societies can with good results invite the co-operation of their Negro fellow citizens in all matters of city advancement.

In paving streets, promoting sanitation, the keeping of clean premises and homes, stimulating civic pride and disseminating the evangel of right living, the Negroes must be invited and encouraged to co-operate to the extent of their ability. We must not forget that most of them are poor and many of them are ignorant and that their difficulties are greater than ours, but that we are directly interested in everything that will improve living conditions among them.

The immediate lesson, of course, is the mutual interest of the races in preserving the public health, but the mutuality of interest extends further than that and this fact must be taken into consideration by the men and women who are trying to make Houston a model city.

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## New York Hospitals

**I**T has always appeared anomalous that New York, the largest city in this country, with a large and growing Negro population, many of them well-to-do and many more of them living under favorable circumstances, has never

been able to support a Negro hospital. One was born several years ago but died an untimely death. Since then spasmodic efforts have been made to resurrect it; but either the stimulus applied was too weak, the stimulation was insufficient in quantity or the stimulators failed to supply the proper amount of energy. So it stayed "died." Within the last year apparently a really conscientious effort has been made to make New York rank with many villages in the South. There are enough physicians there to make it successful, if they only have the proper spirit of progress and unity. Pride and a desire to create opportunities for the development of innate but restricted ability should prompt them to make every sacrifice necessary to insure success to the present undertaking.

The following will indicate clearly, to those not acquainted with conditions in New York, just what little "chance" physicians have in that city: "The National League on Urban Conditions among Negroes has made public some very interesting information with reference to the attitude of the New York hospitals towards Negro physicians and patients. It says—Inquiry has been made as to the extent to which Negro physicians and Negro patients are admitted to the hospitals in the city. Replies from nineteen hospitals out of twenty nine addressed, show that there is no inclination to discriminate against the admission of Negro patients. In regard to the attitude to Negro physicians, sixteen of the nineteen hospitals deny them the privilege of attending patients or performing operations. Only two of them expressed a willingness to welcome Negro practitioners." "A"

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### City and County Practice

**T**HERE is no likelihood that the question will ever be settled as to whether the city or the country is the better place to practice medicine; this is due to the fact that the question is largely an individual one. A man may be a

dismal failure in one place and a positive success in another. But one thing is certain: if a man has not "found" himself within two years, he had better seek pastures new.

A recent article in an important Medical Journal states that not one-half of the physicians in New York City are making expenses. While this hardly applies to the Negro physicians in that city, yet in a number of cities throughout the country it is pitifully true. The writer is aware that in more than one city to his personal knowledge calls including medicine may be had for a miserable fifty cents. Confinements are taken for \$5.00; and other work is in proportion.

It might be claimed that such men are not worth any more than this. This however cannot always be true; for some of these "unfortunates" are really competent; they are simply unable to cope with the conditions of city life that surround them; and far less able men, who have more adaptability however, are "tremendous successes."

Men in the smaller places however, who are never so numerous that they overcrowd one another, are usually in a position to enjoy some of the comforts of life.

Many men who are floundering in the Slough of Despond, if they could only alienate themselves from the delusional siren-charm of the buzz and whirr of the cities, could find both work and reward "beyond the hills where quiet reigns;" for mediocrity, without competition, is often mistaken for brilliancy.

"A"

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## Pellagra

FROM the amount of literature found in the current Journals concerning pellagra, it is evidently still a live issue and is receiving much of the attention from the profession which its prevalence demands. Note reports of cases in this number of our Journal, by three practising physicians in different states. It seems that physicians are

yet as far from agreement as to the cause of this malady as they were some time ago. The treatment of the condition seems to be about as varied as the theories of its etiology. Alteratives, some of the preparations of arsenic, and salvarsan, claim the largest number of recommendations for their use. In the well written article which occupies first place among Original Communications of this number of our Journal, Dr. H. M. Green of Knoxville, Tennessee, reports a startling number of cures with no recurrences to date. In the April number of the Good Health Magazine, edited by Dr. J. H. Kellogg, of Battle Creek Sanitarium, Michigan, we find the following statement:

"A study of the disease made by members of the faculty of the Battle Creek Sanitarium convinces them that it is essentially an intense form of intestinal auto-intoxication, the treatment applied consisting generally of diet restricted to three articles; fresh fruit, milk, and yogurt buttermilk."

Another cause and treatment added to the ever-growing list with reference to this baffling disease. Let us hope that the day is not far distant when the remedy will be found that will render physicians much less helpless than most of us now are when combating this formidable enemy.

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### The Tri-State Association of Physicians, Dentists and Pharmacists

**I**N Jacksonville, Florida, there convened on February 21, 1912, representatives of the medical, dental and pharmaceutical professions from Georgia, Florida and Alabama. A three days' session was held during which an excellent program was rendered and a permanent organization under the above title was formed. A Constitution was adopted and allegiance to the N. M. A. declared. Biennial sessions were provided for and Atlanta named as their next meeting place. The Journal was adopted as

their official organ and the editor made an honorary member.

The local committee did their duty well and everybody was well pleased with Jacksonville's sample of Florida hospitality.

Dr. L. B. Palmer of Atlanta, Georgia, was elected president and Dr. J. A. Kenney of Tuskegee Institute, Alabama, was elected secretary.

It was a good move toward the desired goal of professional unity and efficiency.

The registered attendance was sixty.

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THE Editor of the Journal of the National Medical Association acknowledges receipt of the following invitation, and regrets his inability to be present.

THE PROVOST AND TRUSTEES OF  
THE UNIVERSITY OF PENNSYLVANIA  
REQUEST THE HONOR OF YOUR PRESENCE  
IN THE HALL OF THE MEDICAL LABORATORY BUILDING  
37TH AND HAMILTON WALK  
AT 2 P. M., SATURDAY, MARCH 30TH, 1912  
ON THE OCCASION OF THE UNVEILING OF A BRONZE MEDALLION  
IN HONOR OF  
DR. CRAWFORD WILLIAMSON LONG  
1839, MED. U. OF P.  
WHO FIRST MADE USE OF ETHER AS AN ANESTHETIC  
FOR SURGICAL PURPOSES ON MARCH 30TH, 1842  
ADDRESSES BY  
DR. J. WILLIAM WHITE AND DR. J. CHALMERS DA COSTA  
MUSIC BY THE UNIVERSITY GLEE CLUB

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## Neosalvarsan

NEOSALVARSAN is the name given to a new form of salvarsan that has been prepared by Prof. Erlich; this preparation is supposed to overcome the many objections as to after effects and difficulties of administration that made the use of the original "606" of little value to the average general practitioner. The new preparation is easily soluble in distilled water and does not require the addition of alkali-

lies; and it can be used in much larger amounts than the old salvarsan.

There is now no doubt that this great discovery of Prof. Erlich will find a place in the armamentarium of every progressive practitioner.

THE Managing Editor acknowledges with thanks the invitation from the Mississippi Medical, Dental and Pharmaceutical Association, to be present at its 12th annual meeting in Jackson; and sincerely regrets his inability to be present.

### Comments on Journal

I enjoy and prize the Journal. It is a large, robust and well developed four-year-old child.

G. W. Cardwell, M. D.,  
Elizabeth City, North Carolina.

I am very proud of the Journal I received this morning. Put my name on your list for one year.

A. L. Sanders, M. D.,  
Purcell,, Oklahoma.

Please accept my thanks for the Journal of the National Medical Association. It is a very creditable addition to one's magazine numbers.

A. H. Kenniebrew, M. D.,  
Jacksonville, Illinois.

# SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;  
The language plain, and incidents well linked;  
Tell not as new, what everybody knows,  
And, new or old, still hasten to a close;  
There, centering in a focus round and neat,  
Let all your rays of information meet."

## HE EARNED A DIPLOMA

The celebrated Abernethy, who was noted for his bluntness, on one occasion, while he was performing the duties of examiner at the College of Surgeons, thus questioned a youthful but exceptionally muscular aspirant for the diploma:

"Mr. —, if you were present when a man was blown up by an explosion what would be the first thing you would do?"

"I should wait till he came down again sir," replied the student.

"Just so," said Abernethy, entering into the spirit of the joke. "And suppose, sir, I were to kick you for the impudence of your answer—what muscles should I put in motion?"

"The flexors and extensors of my right arm, sir; for I should floor you instantly," was the reply.—*Philadelphia Inquirer*.

## A WORD IN SEASON

At the end of the first six months of his pastorate, Rev. Amos Johnson had learned the ways of his flock so thoroughly that he knew exactly how to deal with them. One Sunday the collection was deplorably slender. The next week Mr. Johnson made a short and telling speech at the close of his sermon.

"I don't want any man to gib more

dan his share, bredren," he said, gently bending toward the congregation; "but we must all gib according as the Lawd has blessed an' favored us and according to what we rightly hab."

"I say rightly hab, bredren," he went on, after a short pause, "because we don't want any tainted money in de box. Squire Janes told me dat he'd missed some chickens dis week. Now if any one of my pore benighted bredren has fallen by de way in connections wid dose chickens, let him stay his hand from de box when it comes to him.

"Brudder Leroy, will you pass de box while I watch de signs an' see if dere's any one in de congregation dat needs me to wrastle in prayer for him?"—*Youth's Companion*.

## "THERE AIN'T NO MIDDLE ONE"

Dr. D. B. St. John Roosa, the eminent specialist, relates the *Saturday Evening Post*, once received a letter from a man living in a remote part of Connecticut. The writer explained that he was afflicted with growing deafness, and that a summer visitor to the neighborhood had suggested his going to New York and consulting Dr. Roosa. After describing the symptoms, the man ended by asking what was the probable nature of his trouble. Dr. Roosa replied, advising the

man to consult a local physician, and adding in answer to his direct inquiry: "From what you say, I should presume that your difficulty arises from a diseased condition of the middle ear."

Two days later the doctor found this among his mail.

Dear Sir: Yours received and contents noted. What do you take me for—a ring-streaked willipus-wallipus? You talk about my middle ear; how many ears do you think I've got—three? or five? My ears may be pretty long, and I guess they are, or I wouldn't be writing to no New York doctor for advice, but I'd have you to understand that I've got just two of them, and no more, like other folks, so there ain't no middle one. Don't get fresh.

#### WITHOUT STRAPS

The colonel of one of the Negro regiments in the regular army is a Southerner and a small, dignified man. His first name is James. He believes in athletics and organized two baseball teams among his enlisted men.

They played a match game. The colonel didn't think the men were showing enough spirit and vim, although the score was close. He jerked off his uniform coat, grabbed a bat and declared himself in.

"Now then," he yelled, as he advanced to the plate, "as long as I've got no shoulder straps on I want you men to treat me just as if I were one of you."

The pitcher whirled the ball across and the colonel cracked out a three-bagger. He tried to stretch it into a home run. As he turned third base on the dead run the coacher for his side opened up:

"Run, you pore little sawed-off,

bow-laiged white runt! Run!" he shouted. "Now slide, old Jimboy, dadgum you—slide!"

The colonel slid and got there. Then he went over and put his coat on.

#### IS NEVER TURNED DOWN

There's a man in the world who is never turned down, wherever he chances to stray; he gets the glad hand in the populous town, or out where the farmers make hay; he's greeted with pleasure on deserts of sand and deep in the aisles of the woods; wherever he goes there's the welcoming hand—He's The Man Who Delivers the Goods.

The failures of life sit around and complain; the gods haven't treated them white; they've lost their umbrellas whenever there's rain; and they haven't their lanterns at night; men tire of the failures who fill with their signs the air of their own neighborhoods; there's the man who is greeted with love-lighted eyes—he's The Man Who Delivers the Goods.

One fellow 's lazy, and watches the clock, and waits for the whistle to blow; one has a hammer, with which he will knock, and one tells the story of woe; and one, if requested to travel a mile, will measure the perches and roods; but one does his stunt with a whistle or smile—he's The Man Who Delivers the Goods.

One man is afraid he'll labor too hard—the world isn't yearning for such; and one man is ever alert, on his guard, lest he put in a minute too much; and one has a grouch or a temper that's bad, and one is a creature of moods, so it's hey for the joyous and rollicking lad—for The One Who Delivers the Goods!—*Old Hickory Dallas Express.*

## N. M. A. COMMUNICATIONS

### THE 14th ANNUAL MEETING

The indications are that all roads will lead to Tuskegee Institute in August of this year. From several sections of the country advice comes to us to the effect that arrangements are being made for special parties. Clubs are forming, for the purpose of taking the best advantage of rates and convenience of travel. It is generally conceded that the coming meeting will be the best attended the Association has ever witnessed. Arrangements are being perfected to comfortably and pleasantly care for all who come. Physicians, dentists, pharmacists, nurses, and members of their families and friends are earnestly requested to attend. Features of interest to heads of schools, ministers, teachers, and other representative leaders will be presented. They are cordially invited to come.

Tuskegee Institute is fast becoming a "Convention City." We are accustomed to handling big crowds. From all parts of the world visitors come to Tuskegee to see what we are doing, and to study our educational methods. The International Conference just closed brought representatives from some 20 different nations or their colonies.

Do you believe we can interest you? Come and see.

The campus with its beautiful

flowers, shrubbery and shade trees, buildings, chert roads and extensive fields of growing crops furnish a veritable panorama of beauty.

Of special interest to members of the profession will be the scientific program, which will contain papers and addresses by some of the leading lights in Medicine. The U. S. Public Health and Marine Hospital service will be represented. Dr. W. A. Warfield the skilful surgeon-in-chief of Freedman's Hospital, Washington, D. C., will deliver the oration on Surgery.

The Pellagra Commission is expected to present some startling original ideas with reference to the successful treatment of this baffling disease.

The Clinic Committees are striving to present the most interesting series of clinics we have witnessed.

The side attractions will be such as to satisfy the most skeptical. We have arranged to entertain all of the delegates and visitors on this occasion at the nominal and uniform rate of \$1.00 per day.

Announcement to be made later concerning the matter of railroad rates.

Those intending to come will kindly advise the Chairman of the Local Committee, and arrangements will be made.

J. A. Kenney, Chairman Local Committee,

## OF INTEREST TO DENTISTS

By ASA D. C. BARNES, D. D. S., Editor  
CHICAGO, ILLINOIS

Contributions intended for publication in this department will be addressed to Asa D. C. Barnes, D. D. S., Editor, 3531 State Street, Chicago.

The Dental Editor requests that dentists who are subscribers or readers of the Journal, will please mail him their names and addresses.

Dr. Charles Edwin Bentley of Chicago, graduated from the Chicago College of Dental Surgery, class '86, was extended a signal honor by the members of his class in the parlors of the Chicago Athletic Association, on Michigan Ave.

The occasion took the form of a banquet.

### CONCENTRATION

Among the deepest and most important thoughts that have agitated the minds of men, none is greater or more vital than those which concern ones own life. In many respects, our lives are like the broad and boundless sea, but at no one point is this resemblance more vivid and truthful than in re-

gard to the possibilities of success or failure. Like the ocean, life can be made the highway to fortune and happiness; or it can be made the scene of sad disaster and fatal wreck.

As we reach the years of understanding and responsibility, we all find ourselves in a world where the prizes and rewards of labour are very unequally distributed. We look about and see a portion of our fellow beings reveling in plenty and luxury; another portion groveling in poverty and misery. We also find that the conditions of success, with some few exceptions, lie open to all alike, and that the laws and elements of nature are perfectly impartial in their operations. Why, then, are not all alike successful and happy? What makes the difference between the two classes already mentioned? In endeavoring to answer these questions, one might lay great stress on the elements of good and bad luck; others might ascribe this difference as due to external surroundings and influences; but, after all, it should be laid down as a fundamental fact of life that it is within the province of every man to be something

and to do something worthy of himself and his opportunities, if, in the first place, he knows how to go to work, knows how to keep at it until he will have realized whatever attainments that belong to him.

Talent, in terms of success, is nothing more than doing well that which one essays to do. Whatever is worth doing, is worth doing well. Each of us as dentists can be successful and fulfill life's great mission of usefulness, if we are painstaking in our endeavors, if we profit by our mistakes, try to learn something new each day from our labours, and use others as we would use ourselves. To prosper does not imply that one should be a genius, and, in order to make his usefulness and eminence felt, must wait for opportunities to open themselves to him of their own accord. The successful practitioner of dentistry, like successful men in other walks of life, must make his own opportunities. All men have been endowed with some mental gifts, and these mental gifts, however small, will assert themselves, if properly nurtured and allowed to expand.

There are, without doubt, real and specific qualities and differences in the minds of men, just as there are real and visible differences in their physical constitutions and bodily powers. Some men are made on small and scant patterns; others are simply medium, or ordinary in their abilities and attainments; while there are still others who, large, heroic, and towering in stature, are stupendous in the

magnitude of their mental attainments.

"What a man does, is the real test of what a man is." Ability to succeed is the ability to concentrate. But there are different kinds of ability which men possess; so are there varying degrees of mental concentration. That quality of mind which all men respect, however, is that which enables its possessor to do whatever he undertakes.

Human ability can be classified under several distinctive heads, and is commonly designated by distinctive names. There is the speculative and philosophical cast of intellect. the ability to think long and connectedly upon abstract truth or propositions; the ability to investigate and discuss intelligently the higher range of questions and topics in physical, mental, and moral science. There is the poetical talent, the power to see visions of beauty and revelations of truth in the scenes and events of ordinary life, and the power to express these in easy, flowing and melodious rhyme. Then again there is the ingenious, inventive talent, the kind of talent which mostly concerns us as dentists, the capacities for making discoveries in mechanics as applied to bridge work and artificial dentures,—the power which makes us fertile in our expedients and our rewards remunerative.

Charles Dickens, the son of the great English story teller and novelist, who this winter delivered a lecture here in Chicago on his father, ascribed the following quotation to his fath-

er as the one often repeated by him: "Whatever I have tried to do in life, I have tried with all my heart to do well. What I have devoted myself to, I have devoted myself to, completely." Once in a great while a man appears in history like Hannibal, or Caesar, or Michael Angelo, (whose replica of "Moses in plaster, magnificent and inspiring," I have oftentimes seen here in the Chicago art gallery). All these men possessed various talents, and like the alchemist, everything they touched, they turned into gold. But such men as these who can do many things and do many things well are the exception to the rule, and the very rareness of such men verifies the exception.

Gladstone, it is said, when prime minister of England, not only attended to the multiplied affairs of state, but at the same time made scientific experiments, conducted a correspondence with Greek scholars concerning controverted points in Homer, made English translations into Latin verse, and even found time to devote to painting. But it is supposed that this very distraction of thought, this lack of concentration of effort, was the cause of his disaster as a party leader, and gave occasion for the ascendancy of Disraeli, his political rival and opponent, to take advantage of his weakness, remove him from his exalted seat, and crown himself with the flowers of triumph.

The man who attempts to know or do everything, will succeed in really knowing or accomplishing but very little. The dental practitioner, if he would

know his life's work well, and make himself its master, cannot well afford to divide his energies.

Literature, painting, and sculpturing, classified as the fine arts, are the effervescent elements of any civilization, which adorn and beautify, but have no practical bearing on the needs of human existence. A thorough knowledge of animal physiology, hygiene, and sanitation, a knowledge of the proper rearing and training of children, and of social science, transcends in importance any conversance one might possess of the fine arts, in so far as the existence of the human animal is concerned. But it cannot be denied that in our strivings upward, our aim is to attain the beautiful as well as the practical. What would life be without the beauties of nature? What is it that adds distinctiveness, individuality, and quality to our own work as the builders and constructors of artificial teeth and lost facial expressions, if it is not the artistic element that enters into the scheme of our labor? Thus, art and dentistry are co-relative, the one subsisting upon the other; and the perfecting of dental science, implies the making of an artist; the evolution of an artist means the evolution of a *man*.

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#### VACCINE TREATMENT FOR PYORRHOEA ALVEOL- ARIS

The use of vaccine as a treatment for Pyorrhoea Alveolaris is the newest departure in dental therapeutics, and the experi-

mentations thus far conducted, have given promise to very favorable results.

Pyorrhoea is a disease that has long held the profession in suspense. It has done this because of the persistence with which it clings to the affected parts, and because no practitioner has felt qualified to certify to a positive cure, that is, when the disease has been longstanding.

The militant features which work against both the treatment and the promises of complete recovery from this disease, are the ever present probabilities of its recurrence. There are reasons for this. Cases that have come under my observation, where Pyorrhoea is supposed to have been completely cured, recession of the gum tissue usually appears, and thus exposing the gingivae, the extremities of the cementum, and the sensitive peridental membrane, in my opinion, invites the disease anew by offering fields for germ activity. These assertions are merely theoretical, however, and are subject to controversion by those whose greater observation and experience in the treatment of the disease have taught them to believe otherwise.

Various medicaments from time to time have been proposed for the treatment of Pyorrhoea, and lactic acid (10%) by many was long regarded as a specific. But in cases less extreme, in the initial stages, almost any stimulating antiseptic has sufficed

in my hands as a cure, providing a thorough removal of the investing tartar from the roots of the affected teeth is accomplished, and a condition of prophylaxis maintained in the oral cavity.

The vaccine method appears to be the most potent and rational of any up to this time advanced, because by introducing into the system certain prepared serums, "an effective defense can be developed in the blood for any particular poison that will neutralize it, and so act upon the organism producing the poison, that it will fall an easy prey to the phagocytes \* \* \* The phagocytes are the active resistive force against invading organisms, but why they do the work, for which they are intended at certain times, and then utterly fail at other times, when they seem most to be needed, has not been definitely discovered."

Says Dr. P. C. Charlton in the Commonwealth Dental Review:

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—During the usual and indispensable local treatment, the vaccine is injected subcutaneously. The method of determining which organism is responsible for the disease is as follows: Samples of the exuded pus are caught on sterile swabs for the purpose of making coverslip films and inoculating tubes of nutrient media, generally blood agar. There is a great similari-

ty in the appearance of pus in cases of pyorrhea. Besides pus cells, one very often finds red corpuscles and leucocytes from blood mixing with the exudation. There are bacilli and cocci in great varieties and numerous spiral rods and filamentous forms. Gram's method is used for differentiating the micrococci as a number of the staphylococci and invariably the streptococci stain by it. The bacilli are ignored and the different cocci isolated by the usual methods of inoculating tubes or plating them out.

The blood of the patient is then tested against each of the organisms in turn to determine the amount of opsonin present for each, and that organism to which the opsonic index is particularly low or high is regarded, as the responsible one and a vaccine is prepared from a culture of it. The following organisms seem to be the chief offenders: micrococcus catarrhalis, staphylococcus pyogenes aureus, pneumococcus, streptococcus pyogenes longus. The vaccine treatment proves efficacious, even in advanced cases. There is a cessation of pus formation, and mastication without pain is established, although, naturally, there is still recession of the gums and absorption of the alveolus; yet this is no proof that the vaccine alone is responsible for the change, inasmuch as the local treatment is simultaneously being carried out, and members of the dental profession have witnessed similar results from local treatment alone. To prove the efficacy of the

treatment, anything local should be dispensed with and vaccine only used but there seems to be no record where this has been done and success attained. The general consensus of opinion at the present time is that the vaccine treatment does not appreciably help the local treatment in effecting a cure, but experimental work in this direction is still being carried out, and until we have more information on the subject the value of vaccines in the treatment of pyorrhea must remain *sub judice*.

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#### A LETTER TO THE EDITOR.

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Washington, D. C., 3-25-1912.  
Dr. Asa D. C. Barnes,  
Chicago, Ill.

My Dear Doctor:

I am delighted to notice in the current number of the Journal that you have accepted the position of Associate Editor of the Journal, in charge of the Dental Department, and that my suggestion to the Editor was accepted. I am satisfied you can build up the department, and the N. M. A. is to be congratulated in being able to secure your services.

I have not lost interest in the N. M. A., the Journal, or the Dental Department, to the contrary I am anxious that the Dental Department in all its branches give good account of itself. The fact is, I cannot consistently feel otherwise, having organized the section and secured for it recognition among the national officers of the N. M. A.

In conclusion, permit me to

assure you of my co-operation, and wishing you success for the Journal, and the Dental Section of the N. M. A.

I am, sincerely,

William S. Lofton.

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The Robert T. Freeman Dental Society of the District of Columbia held its regular meeting Saturday, April 27, in Baltimore, as guests of the Baltimore dentists.

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Dr. Park Tancil of Washington, read a very scientific and instructive paper on "The Mandible and its relation to the Skull," going into detail, comparing the mandible of the lower animals and pre-historic man to the present man. After a discussion by all present, a supper was served by George E. Frey, the celebrated Baltimore caterer.

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At this meeting plans were made for organizing a Tri-State Dental Society, comprising the states of Maryland, Virginia, and the District of Columbia. Dr. D. A. Ferguson of Richmond being unanimously elected chairman.

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Those present—Drs. Fry, Cherry, Wilson, Russell, Gwathney, Tancil, Hamilton, Francis, Edwards, Barrier, Fraser, Lofton, Gray, R. C. Wormley, C. S. Wormley, Gaskin and Butcher of Washington, D. C. Drs. Ferguson and Ramsey of Richmond, Va., and Drs. Brown, Baker, Jones, Anderson, Brown and Avery of Baltimore, Md.

## TRANSCRIPTS

Amalgam fillings are here to stay with the dental profession. The comparative ease with which it is possible to adapt it to almost any cavity makes amalgam, as a filling material, a valued necessity to the dentist. In fact, some practitioners award it greater merits than gold, as a filling material, and claim that its chief undesirable quality is its color.

Dr. R. H. Riethmuller, in the March *Cosmos*, thinks of amalgam as follows:

So much has been said and written on the necessity of perfect cavity preparation for amalgam fillings, that no further emphasis need be laid on this phase. Amalgam possesses no adhesiveness to tooth structure, and its retention in a cavity is based on similar principles to those which apply in the case of tin or gold foil fillings.

The manipulation of amalgam in the palm of the hand is not only unsanitary, as it entails the introduction of perspiration, bacteria, and epidermal cells into the mixture, but it also interferes with the perfect working qualities of the amalgam. Sometimes the wearing of a gold ring which becomes discolored from the amalgamation of the gold with the mercury has convinced operators of the untowardness of this careless mixing method.

The removal of the steel matrix in large amalgam restorations, before the amalgam has set for some time, frequently causes a portion of the filling to come away with the matrix band.

The setting of the filling may be hastened by burnishing a piece of tin foil over the amalgam surface, whereby some of the surplus mercury is absorbed.

A very useful method of insuring

the perfect setting of a large amalgam filling consists in fitting and soldering a silver plate matrix of thin gage, adjusting it to the tooth before filling, and leaving it on the filled tooth for a day or two, when it can be removed with perfect safety, insuring protection against distortion or crushing by the antagonizing tooth during the setting process, and a maximum durability for the future.

The contouring of a filling while the amalgam is still fairly soft can be neatly accomplished by wrapping a pledget of cotton around the closed pliers, wetting it, and molding the cusps therewith. This simple modeling contrivance leaves a dull surface on the amalgam filling, so that any excess of filling is readily located by the bright and polished portion which the antagonizing tooth leaves on the surface of the filling upon the patient's closing the mouth and biting gently on the filling. In this way the use of articulating paper is rendered superfluous. Any considerable excess of filling is removed with a spoon excavator, followed by the application of the wet cotton and pliers, and perfect occlusion is ascertained by again requesting the patient to close and bite.

After the amalgam filling has begun to set, the burnishing of the margins must be discontinued, as the amalgam becomes brittle and breaks under the pressure exerted by the burnisher, and imperfect marginal adaptation results.

The appearance, usefulness, and durability of an amalgam filling are greatly enhanced by a thorough polishing applied at a subsequent sitting.

The patient can be induced to appreciate the value of a carefully inserted and finished amalgam filling, and if he is at all worth having as

a permanent patient, he will realize the justification of an adequate remuneration for the skill and time expended by the operator

### PHYSICAL NEEDS OF EARLY CHILDHOOD

The question of child longevity and health is an important one, since it has a direct bearing on the health and happiness we would have in our homes. These pages would be incomplete as the conservators of enlightenment, were they not privileged at all times to act as the disseminators of such knowledge as condones human welfare and health.

Hear what Dr. Winfield Scott Hall has to say on the subject in a lecture given before the Home Economic Association, Chicago:

Needs of early childhood may be subdivided into two general groups; first, *the needs for construction* of the body. The body is rapidly growing, not only during this period; during the whole of infancy, childhood and early adolescence this process of growth is going forward. The second need of the body is *the need of fuel*. The body may be likened to an engine. When we make an engine we use certain construction materials; we use iron and brass and babbitt and so forth to construct our engine. After it is constructed, we use fuel to make it go. The total amount of fuel which an engine will consume during its life period of perhaps a decade, is many hundred times the weight of the engine. In a similar way the amount of fuel material which we in our life activities consume and use as fuel is many hundred times as great in the aggregate as the amount of constructive material that is actually built up into body tissues.

## NITROGENOUS MATERIAL AND MINERAL SALTS

What is the material that the body must have for construction? Nitrogenous material and certain mineral salts. The latter are very common, every-day materials that are found on every hand. They are soil constituents that are built up into the structure of plants and pass from plants into the bodies of herbivorous animals and make a part of their construction, so that whether we eat vegetables, fruits, cereals, milk, eggs, or animal flesh, in any case we get these salts incidentally in sufficient quantities so that, as a rule, we need pay little special attention to the salts, with perhaps the one exception of iron.

## TISSUE BUILDING FOODS

The nitrogenous foods are of great importance as constructive material. What are the nitrogenous foods? They are the foods that contain *nitrogen* and several other important constituents—carbon, hydrogen, sulphur, phosphorus, and so forth. *The constructive foods are lean meat, eggs, milk and the nitrogenous portion of cereals.* Cereals are rich in these nitrogenous constituents. They are sufficiently rich so that the herbivorous animal readily builds up his body from the nitrogenous material which he finds in plants. Man could build up his body also equally easily from the nitrogenous material that we find in cereals. However, man seems to be rather omnivorous, so that human nutrition is best maintained when we have a mixed diet—mixing with our cereals, vegetables and fruits—eggs, milk, and perhaps lean meat.

Most peoples use a certain amount of lean meat; some peoples use a large proportion of lean meat. The people in the northern latitude, far north,

where they have almost no vegetation, are confined very largely to a meat diet. People of the torrid zone, because of the abundance of fruit that actually falls into their open hands, are habitually fruit and nut eaters; while the people of the temperate zone have to hustle for either fruit, vegetables or lean meat, and they have the mixed diet.

## MILK, EGGS AND CEREALS IDEAL FOOD

We find, then, that the constructive foods needed by the child are furnished by the most natural things, the things that are easy to obtain. Milk, eggs, cereals and such legumes as beans and peas furnish abundant proteins or nitrogenous food. The constructive foods then, are these that I have named. I would like to take this occasion to emphasize especially the importance of three of these for little children, and to minimize the importance of the fourth one. The three are cereals, milk and eggs. The fourth, whose importance I would minimize, is lean meat. Children of age under consideration would be very much better off if they ate a very small amount, if any, lean meat. Cereals, milk and eggs all contain not only the constructive material, salts as well as the nitrogenous material, but they contain also some fuel material; milk and cereals particularly are rich in fuel material as well.

## NUTS NOT GOOD FOR EVENING

Nuts are very wholesome foods, but they should not be used late in the evening, as post-prandial desserts. They should be made a definite part of the meal and should be chewed to a creamy consistency. When they are thus made a definite, organic part of the meal, a regular course—a nut course—and thoroughly masticated, you never hear anything about their indigestibility. Nuts are just as digestible as any-

thing else if they are properly chewed and taken in.

### REPAIRING A BROKEN FACING WITHOUT REMOVING A BRIDGE

This method consists in selecting a plate tooth of the proper size, grinding off the flange so that it will be flat like a facing, and cutting off the pins and using a little articulating paper on the side where the pins are cut off. This is pressed to place and will mark the pins that are in the bridge on the tooth to be replaced. With a carborundum disk a slot is cut wide and deep enough to receive the pins. The fitting, with the articulating and grinding to place, is continued until the tooth fits the bridge backing correctly. It is then cemented to place, constituting a very substantial repair.—*J. E. Metcalf, Dental Summary.*

### CAUTION IN THE USE OF LACTIC ACID IN TREATING PYORRHEA ALVEOLARIS

Care should be taken in the use of lactic acid in treating pyorrhea

alveolaris in order to prevent the acid from attacking the teeth. During the past six months the writer has seen a number of cases in which caries was caused by its use, although great care had been taken in manipulating the acid.—*E. E. Haverstick, Dental Summary.*

### TINCTURE OF IODIN AS AN ANTIDOTE IN PHENOL POISONING

Maherly indorses tincture of iodine as a potent antidote in phenol poisoning. He administered a teaspoonful of the tincture in water to a Negro, who, by mistake had swallowed a strong solution of phenol instead of whiskey. The result was excellent. He also gave to children of three years of age, who had taken phenol, five drops of tincture of iodine in water, repeatedly, also with the best results.—*Bulletin General de Therapeutique, per New York Med. Journal.*

### GREATER NEW YORK NUMBER

In June the *American Journal of Surgery* will issue a number composed of original contributions from men of recognized prominence in the medical profession residing in Greater New York. Among those to contribute are: Herman J. Boldt, C. N. Dowd, Meddaugh Dunning, Wm. S.

Gottheil, E. L. Keys, Jr., Howard Lilienthal, Chas. H. May, Willy Meyer, Robt. T. Morris, S. Lewis Pilcher, John O. Polak, James P. Tuttle, James P. Warbasse and others.

Contributions from these well-known men should make this issue of particular interest and value.

## OF INTEREST TO PHARMACISTS

By Mrs. J. P. H. COLEMAN, Phar. D.

WASHINGTON, DISTRICT OF

COLUMBIA

Dr. and Mrs. George Benjamin, class of 1912 Howard University, are opening up a new drug store at the corner 4th and N. Streets, N. W. Washington, D. C.

This is an old drug store corner—was formerly occupied by Dr. Julius Mayer. Dr. Mayer is now located at the corner 5th and Florida Ave., N. W.

Dr. W. H. Baskerville has charge of the Peoples Drug Store at Fredricksburg, Va. The Doctor was in the city last week the guest of Dr. Burcher.

Dr. Gates has sold his drug store on Druid Hill Avenue, Baltimore, Maryland, and is now doing relief work in Washington, D. C.

Dr. James E. Bourne of Atlantic City, New Jersey, has enlarged his store and now has one of the finest and best stocked stores in the state.

Dr. J. W. Morse the proprietor of the Gem Pharmacy, corner of 9th and L Streets, N. W., has purchased the large corner store opposite his

present stand and will move into it as soon as alterations are completed.

Dr. William McNair, of Greensboro, N. C., has opened a branch drug store on Market St. Greensboro can now boast of three up to-date drug stores.

Dr. Williston is the proprietor of the drug store in Salisbury, N. C.

### TOBACCO—TAKE YOUR CHOICE.

"A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and the black, stinking fume thereof nearest resembling the horrible Stygian smoke of the pit that is bottomless."—James I.

"Hail! Social Pipe—thou foe to care,

Companion of my elbow chair;  
As forth thy curling fumes arise,

They seem an evening sacrifice—

An offering to my Maker's praise

For all His benefits and grace."

—Dr. Garth.

## OF INTEREST TO NURSES

By Miss ELVIRA F. BECKETT

PHILADELPHIA, PENNSYLVANIA

To the N. M. A. and Journal:

Since receiving our last copy of the N. M. A. Journal, we had hoped to have notes from some of the nurses from whom we have not heard, but thus far we have failed. We have felt a kindly interest, however, and are trying to urge our sister nurses to join the National Association.

The value of our organization, if given a few moments careful thought, can be appreciated by all. Churches, schools, societies, are all organized for a definite purpose. The first are organized for the purpose of promoting the religious welfare of the community at large; the second, to disburse knowledge to the rising generation; the third, for various other reasons, according to the nature of the society; and thus it was felt by nurses as well, that it would be advantageous for them to organize.

Being thus prompted, a group of nurses, graduates of hospitals in various cities, were called together by Miss M. M. Frank-

lin, of New Haven, Connecticut.

The first meeting was held in New York, August, 1908. It was at first thought that it would be beneficial for the nurses to meet at the same time and place as the National Medical Association, in order that the physicians might have an opportunity to attend the nurses' meetings and vice versa, and interchange ideas. The next meeting was held in Boston, 1909. It was not always practicable for the N. M. A. and the N. G. N. A. to meet as first supposed, so the next meeting for nurses was held in Philadelphia, in August, 1910. At each of the meetings new thoughts and demonstrations were presented by visiting physicians and by the nurses. The next meeting was held in Washington in August, 1911.

At the first meeting that was held there were forty-four nurses present, and at each meeting the numbers have increased, until at our last meeting, there were more than sixty members present.

The next meeting will be held in Richmond. Miss Clark, the President, is uniting all her forces in order to make this convention a success. Thus it can be seen that not only do the nurses have an opportunity to meet one another, but they have a chance to visit the various nursing fields, and see what opportunities there are for practicing their profession; so nurses, join us, and see of *what benefit* we can be to one another.

The Philadelphia Press in the report of the Social Service Department of the University Hospital states that one of its most efficient nurses is a colored graduate nurse. The nurse in

question is a second year student in the school of Philanthropy, Miss M. R. Tucker, and graduates in May.

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Mrs. M. H. Bright, class 1909, Tuskegee Institute Hospital, is head nurse of a private infirmary in Columbia, S. C., 1508 Gregg St.

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Miss Zula Richardson, class 1903, Nurse Training, Tuskegee, was admitted to the staff of nurses of the Home Sanitarium, Jacksonville, Ill., April 8, 1912. Miss Cora F. Wilkerson, class 1910, Provident Hospital, is head nurse.

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### THE NEGRO CRIMINAL

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The following deductions are made by R. R. Wright, Jr., at the close of a statistical discussion in the current *Southern Workman* of Negro crime in the North:

The Negro criminal is, as a rule, accidental and occasional, and is the result more of neglect than of inherent criminal tendencies. Education has usually brought a higher efficiency and a better economic position, the educated man being able, not only to earn more but to spend to better advantage. The result is that very few educated Negroes are ever convicted of crime, fewer, I think, than whites. Negro arrests are not increasing out of proportion to the Negro population. As arrests represent an exaggerated picture of the crimes of the community, the probability is that there is

proportionately less crime today in Northern cities than ten years ago. The general impression as to the increase of crime among Negroes in the North is, I think, erroneous. It is based largely upon the reports in the newspapers, which do the Negroes serious injustice. Second, there is still, however, a great difference between the proportion of Negroes arrested and the proportion of Negroes in the general population. This is a reflection of the economic condition of Negroes as compared with that of the community as a whole. While this condition is slightly improving, it is far below the normal. The chief hope of cutting down the amount of crime lies in opening up larger economic opportunity for Negroes in the North.

## CURRENT MEDICAL THOUGHT

By U. GRANT DAILEY, M. D.

### GENERAL MEDICINE AND THERAPEUTICS

#### THE ACTION OF CAFFEIN

Two articles giving the results of some exceedingly careful and scientific experiments on the action of this drug appear in the *Therapeutic Gazette* for January, 1912. One is by Hollingsworth of Columbia, and the other by H. C. Wood, Jr. The reports are summarized in the same issue of the above named Journal:

"These articles throw a new light upon the actual effect of this substance. Heretofore it has been regarded as a stimulant which increased physical activity as well as mental activity by enabling the individual who took it to call upon his reserve energy with the ultimate result that he would be a nervous bankrupt. Dr. Hollingsworth's investigation which was carried out independently of that of Dr. Wood, indicates that if a man gets his ordinary amount of sleep and food he can, under the influence of caffeine, do more mental work and certainly do it better and more easily than when this drug is not taken. Dr. Wood's experiments also show that the frog's muscle can do more work under the influence of caffeine than

without it. In other words, it would seem that this drug acts as a lubricant, so to speak, so that more work can be accomplished with no more expenditure of tissue or energy than is ordinarily the case. In other words, its use does not cause exhaustion of the nervous and muscular systems, but enables them to act with greater ease."

#### ALCOHOL AND CAFFEIN A STUDY OF ANTAGONISM AND SYNERGISM

Pilcher (*Jour. Pharm. and Exp. Ther.*, Jan., '12) used cats in his experiments. His results may be epitomized as follows:

1. When small doses are given in combination, each drug produces, qualitatively, its ordinary effects.
2. When large doses of the two are combined, instead of stimulation there is depression.
3. With fatal dose of alcohol, caffeine acts deleteriously.
4. With half-fatal doses of alcohol, moderate doses of caffeine may decrease the narcosis and hasten recovery.
5. In poisoning with "small" doses of caffeine, alcohol lessens the psychic effects.
6. With large doses, alcohol adds to the danger.

7. Caffein should be administered with caution to alcoholics and in heart disease.

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#### EXPERIENCES WITH SALT-RESTRICTION IN NEPHRITIC EDEMA

Writing on this subject in the *Journal A. M. A.*, February 17, 1912, Crofton states that in properly selected cases, salt-restriction aids materially in the rapid elimination of retained sodium chloride and water and causes decrease in edema. Excessive salt-restriction, however, may cause increase or re-appearance of the edema. The method should be persisted in for a week or two, especially in chronic cases. The amount of water ingested must also be restricted, particularly in the acute forms. It is well at intervals to test the renal capacity by giving full quota of water and together or separately on given days.

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#### VACCINES IN TUBERCULOSIS

Watters (*N. Y. Med. Jour.*, Feb. 24, '12) estimates that in a large series of cases, 45 per cent. show disappearance of bacilli under treatment when tuberculin is used, while 25 per cent. show disappearance when this agent is not employed. This expresses in a fairly definite way the relative value of tuberculin in pulmonary tuberculosis. The main question is one of dosage. There are two schools of opinion: first, that of Trudeau, which begins with about 0.0001 or 0.00001 gms., gradually in-

creasing to the limit of toleration, one or two mgms.; the other, led by Wright, making one mgm. the maximum. The author belongs to the latter school. The injections are done every four or five days at first, later once a week. Cases with evening temperature over 99 or 100 F. should not receive tuberculin. These unsuitable (for tuberculin) cases due to secondary infections are not hopeless. The author believes that auto-genous vaccines used persistently, sometimes in alteration with tuberculin, is of value. He reports several cases illustrative of the benefits of this procedure. The author believes that vaccines are indicated in all stages of the disease if there is secondary pyogenic infection. In other forms of tuberculosis as lymphatic, osteomyelitic, enterocolitic, renal, vesical, and mesenteric, and even in tuberculous meningitis, results have been very encouraging.

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#### SODIUM CACODYLATE IN SYPHILIS

L. J. Spivak (*N. Y. Med. Jour.*, Mch. 2, '12) gives conclusions from his experiences with sixty-four cases in the dispensary of the Jefferson Medical College. The most marked effects were on the initial lesions. The time of improvement varied with the quantity of the drug used, e. g., when four or five grains were injected improvement was noticed at the fourth injection, while if the injection contained two grains, it was noticed at the seventh dose. Eruptions disappeared readily under cacodylate

medication, but reappeared in two or three weeks from the time of the last injection, unless further treatment with mercury was given. There was no improvement in two cases of rupia. Mouth lesions healed rapidly, due probably to the fact that the drug is excreted in the saliva. The effect on the adenopathies was far from satisfactory. The two cases of specific laryngitis were benefited but the maximum improvement was not seen until the iodides were pushed. The anemic cases showed the most favorable results; for example, in two cases of headache, the one complicated by anemia was cured while the other was unchanged. Sodium cacodylate is practically useless in tertiary syphilis nor does it appear to have any influence on the Wasserman reaction. It is an adjunct to salvarsan and mercury and the iodides. Between it and mercury there is an especially noticeable synergism. Its action is qualitatively similar to that of "606" which would be expected in that it contains 48 per cent. arsenic, while salvarsan contains 34 per cent. As much as 100 gms. of the drug may be taken into the system in three weeks without signs of arsenical poisoning. There were no ocular disturbances and no untoward results whatever, except transient shooting pains in the shoulders. There is no reaction at the site of the injection, which should preferably be done intramuscularly. The author lastly advises that the best results are seen if the solutions are freshly prepared.

#### AN UNQUESTIONED REMEDY FOR RHEUMATISM

Lambert Ott (N. Y. Med. Jour., Jan. 13, '12) on the strength of his experiences with three patients, asserts that "in the chemical composition of acetylmethylenedisalicylic acid we have a veritable antitoxin especially destructive to the rheumatic poison." His cases were rheumatoid arthritis affecting particularly the hands and feet. The doses recommended are 90 grs. daily (with intermissions as seem advisable) for about six months, in the recurring cases.

#### SURGERY AND GYNECOLOGY

##### THE PARATHYROIDS AND THEIR SURGICAL RELATION TO GOITER

Mayo and McGrath (Ann. Surg., Feb. '12) in this interesting article bring the parathyroid question, in its surgical relation, up to date. The secretion of these glands is essential to metabolism. Tetany develops when this secretion is decreased, as by experimental removal, destruction of parenchyma by intraglandular hemorrhage (this may take place during parturition), or by hypoplasia from any cause (congenital lues may be a factor here). The insufficiency may be only relative; that is to say, the deficiency may be brought out only under some condition of unusual stress, requiring more than the ordinary amounts of the secretion, as infections, pregnancy, etc. In case the parathyroid is accidentally removed in an operation, it should be immediate-

ly reimplanted beneath the remaining capsule. It is shown that the thyroids and the parathyroids have some capacity for reciprocally compensating the one for the other. Experimentally, five per cent. solution of calcium acetate or lactate, intravenously or by mouth has been found to control to some degree, tetany following parathyroidectomy. The transplantation of parathyroid, the use of serum, or extracts have been disappointing but should be tried. The general condition of the gastro-intestinal tract must be attended to.

#### SOME POINTS IN THE CURE OF INGUINAL HERNIA

Lucy (Can. Med. Jour., Oct. '11, abst. Ther. Gaz., Jan. '12) presents a valuable compilation of details in the technique of the operative cure of hernia. These are, in summary:

1. The curved skin incision is favored because it leaves a scar line that is out of the way of a truss, should the use of one subsequently become necessary.

2. The author concurs with Reiss in believing that Kocher method of disposing of the sac is the main point in the cure, and that when this is done the inguinal canal may be closed with No. 1 catgut safely. The Kocher technique is as follows: Grasp the fundus of the emptied sac with curved forceps invaginating the sac into itself like the finger of a glove through the canal into the peritoneal cavity.

Keep the ends of the forceps close against the abdominal wall and project their points out

through a small incision one inch external to the angle of the wound retracing the skin to avoid the necessity of cutting it. Draw the sac taut; tie at the neck; cut off and drop the stump back into the wound. Or if unable to invaginate the sac, pass the forceps, grasping the sac external to the peritoneum through the abdominal wall.

3. He mentions as serviceable, Goldspohn's method of placing two heavy clamp forceps on Poupart's ligament, letting them fall flat on the thigh. This faces the internal surface of Poupart's ligament up, greatly facilitating the suture of oblique and transversalis fascia to its lower internal surface.

4. Anent the Bassini closure there are a number of suggestions: In suturing the conjoint tendon to Poupart's ligament, the lowest stitch should include the edge of the rectus muscle. (The Bloodgood idea.)

It is often advisable to place a stitch external to the cord. In reuniting the aponeurosis, begin at the outer angle, sew with continuous catgut to the external ring. In fat individuals it is a good plan to use buried catgut sutures to prevent pocketing.

5. The author is in the habit of applying carefully a two per cent. cocain solution to the patient's nostrils before given ether; this has the effect of relieving the patient of the pungent odor of ether and he claims they go to sleep quicker.

6. Quoting Judd, of the Mayo Clinic, "the strength of closure depends almost entirely on the internal oblique, being the only structure here with good blood

and nerve supply." If the external oblique looks weak he takes in the first row of sutures to strengthen the internal oblique thus placing the cord external to this part of the external oblique. Kocher, however, does not consider the suture of the muscle to Poupart's ligament essential to the cure of ordinary inguinal hernia.

#### THE PREVENTION AND TREATMENT OF VENTRAL HERNIA

Judd (*Surg. Gyn. Obst.*, Feb. 1912, p. 175) concedes a percentage of postoperative hernias not being preventable, such as those following drainage or where the operation was an emergency one, the result looked for simply being that of saving the patient's life. The vast majority of cases are avoidable. In the article before us, E. S. Judd calls attention to the methods used at the Mayo Clinic in preventing these hernias. The article is accompanied by vivid illustrations which alone amply repay study of the original. The points he brings out may be mentioned in series:

1. It is not well to attempt the removal of the appendix through a gall-bladder incision originally in the rectus. It becomes necessary to extend the rectus incision downward, cutting through one or more of the important nerves, compromising the strength of the muscle and allowing hernia to develop. Instead one should make a split muscle incision for the appendix.

2. Their procedure in midline lower abdominal incision is to open the sheaths of both recti

and sewing the muscles and respective fasciae together in preference to suture of fascia alone or of a thin strip of muscle to the body of the muscle when the incision is made slightly to one side.

3. In closing appendix and similar incisions they always imbricate, believing that the fascia unites much better face to face than edge to edge.

4. They never enlarge a muscle splitting incision by cutting across the fibres of the internal oblique. If necessary to extend the incision inwards the internal oblique fibres are split to the rectus, and into the sheath of the rectus, the muscle itself being retracted but not cut. Indeed, one may retract the muscle almost to the median line, if the sheaths are cut. If the original incision be too low for a highly situated appendix the incision in the external oblique is extended upwards and make a new separation of the internal oblique fibres. They have made several independent separations or splits in the internal oblique and in none of these cases has the abdominal wall been weakened.

The treatment of ventral hernia has in the past not been all that could be desired. The percentage of recurrences has varied from forty to sixty and the mortality has been considerable.

Judd lays stress on the preoperative preparation of these patients, especially if they are obese, and many of them are. "The preparation consists in reducing the weight and getting rid of the excessive fat. This is a help in two ways: First,

in diminishing the amount of adipose tissue in the flaps to be used in the closure; and, second, in reducing the fat in the omentum and mesentery and thereby lessening the increase in intra-abdominal pressure at the time of the reduction." They claim to have reduced the weight as much as twenty-five pounds by eliminating all fats and carbohydrates from the diet and giving a stiff cathartic once a day.

The main principle in their present operative procedure lies in the knowledge of the very ready reparative powers of the peritoneum. The flap consists of all the layers (that is, peritoneum, fascia and scar) together disregarding the anatomic separations. The overlapping may be from side to side, from above downwards with either flap outside, or even obliquely, depending on the individual case.

The steps of the operation are summarized as follows:

First: Removal of the old skin scar.

Second: Clearing the fat from the fascia for two inches in all directions.

Third: Dissecting the neck of the sac free from the aponeurosis.

Fourth: Opening the peritoneal sac and freeing adhesions for at least an inch inside the hernial opening. Under no circumstances do we sacrifice any of the scar tissue or excess tissue of any kind except the fat.

Fifth: We make no attempt to separate the flaps into anatomic layers. Choose the most convenient way of overlapping the flaps one upon the other, the

peritoneal surface of one flap lying on the aponeurosis of the other. If the hernia is wide and gaping, several large mattress sutures of linen or chromic catgut are passed through the pedicle of one flap and free edge of opposite flap is then stitched accurately to the aponeurosis of the opposite flap.

Sixth: The free flap is now allowed to drop on to the aponeurosis of the opposite side and is stitched accurately in place. Very careful hemostasis is essential.

Ordinarily the patient is kept in bed from fifteen to eighteen days.

They advise against the use of truss or any bandage that makes direct pressure on the scar. In fleshy patients they advise the wearing of a general abdominal binder that does not make pressure on any one point.

#### CARDIAC CHANGES SECONDARY TO UTERINE MYOMATA

From his own studies and a review of the literature, Doane (Surg. Gyn. and Obst., Jan. '12) draws the conclusion that there is more than a coincidental relationship in the frequent coexistence between "fibromyomata" and myocarditis. He supposes that a toxic agent is engendered during the growth of myomata, but just what this element is he is unable to say, nor has he been enlightened by his literary researches. Boldt mentioned the clinical association as early as 1905. He deduces from this study that the growths are dangerous at all times and should be removed providing the car-

diac symptoms are not too severe. Special scrutiny of the heart should be exercised in all cases, presenting themselves for operation, with a view to sufficient preoperative treatment. The anesthetist should be experienced and should be made thoroughly aware of the patient's condition. The heart should be watched after operation. Finally, he thinks we should look to the physiological chemist to find the hypothetical toxic agent.

### OBSTETRICS AND PEDIATRICS

The value of Intrauterine Douches, Packing, and Antiseptics in the treatment of Miscarriages.

Young and Williams (Bost. Med. and Surg. Jour., Mch. 7, '12) have the following to say anent this subject:

1. Salpingitis has been more common after intrauterine douches.

2. Between aseptic douching and antiseptic douching, the latter has given the least favorable results.

3. Packing the uterus does not markedly increase the liability to infection.

4. For packing, gauze saturated with fifty per cent. alcohol in "clean" and plain sterile gauze in infected cases, have given the most satisfactory results.

### IRON-SAJODIN IN PEDIATRIC THERAPEUTICS

Beck (Archiv f. Kinderheilkunde, Band LVI, heft 55, 1911) used this preparation in 100 cases, and states that in all the cases the hemoglobin percentage was raised. He found it of advantage in some cases to give the tablets in milk or broth. There is some constipating effect. Results were apparent at the end of a month or two of treatment.

### FACT AND FICTION

#### LORD LISTER

Joseph Lister, the renowned English surgeon, whose death at the age of 85 occurred last Sunday, rendered an incalculable service to humanity as the pioneer of antiseptic surgery. When the method of anaesthesia by the use of chloroform and ether made it practicable to prolong surgical operations with critical deliberation and exactness, there was still a large per cent. of mortality caused by septic poisoning. Lister made a study of these causes in the light of Pasteur's discoveries in respect to putrefaction, and was untiring in his experimentations to find a means of protecting

wounds from infection, and in 1863 he developed a means of preventing putrefaction, not by the exclusion of air, which was impracticable, but by protection from microbes. He finally produced the antiseptic liquid which was named listerine, which is now only one of the many antiseptics that have come into use. In recognition of his great service and world-wide fame, Dr. Lister was created a Baronet in 1883, and in 1897 was raised to the peerage as Baron Lister of Lynne Regis. There is no heir to his title. His wife, Agnes Syme, whom he married in 1856, died in 1893.—The Democrat, Nashville, Tenn.

## POST GRADUATE DEPARTMENT

By U. GRANT DAILEY, M. D.

### STATE BOARD QUESTIONS AND ANSWERS

#### ANATOMY AND PHYSIOLOGY

1. Beneath what point on the anterior chest surface are the cardiac valves?

*Pulmonary:* To the left of the upper part of the third left chondo-sternal junction. *Aortic:* Behind left half of sternum opposite lower border of third costal cartilage. *Mitral:* Behind left half of sternum opposite fourth cartilage. *Tricuspid:* Opposite middle of sternum at the level of fourth and fifth cartilages.

2. What arteries supply the heart and where do they originate?

The two coronary arteries from the aorta. The right from the anterior sinus of Valsalva, the left from the posterior sinus of Valsalva.

3. Give the nerve supply of the anterior abdominal wall.

Lowest seven dorsal or intercostal nerves and the first lumbar.

4. Mention any one muscle that moves the humerus (a) forward, (b) backward, (3) inward.

(a) Coracobrachialis; (b) posterior fibres of the deltoid; (c) pectoralis major.

5. Bound Hunter's canal. What passes through it?

Bounded externally by the vastus internus, internally by the adductor magnus, anteriorly these muscles are connected by fascia, upon which the sartorius rests. The floor is formed by the adductor magnus muscle.

It contains the superficial femoral vessels and the long saphenous nerve.

6. What structures are severed in tracheotomy?

Skin, superficial fascia, and deep cervical fascia; the sternothyroid muscle is separated from its fellow of the opposite side and the pretracheal fascia and tracheal rings are divided.

7. Describe the lymphatics of the axilla.

(a) Central set: situated to the inner side of the axillary vein directly beneath the axillary tuft of hair. Is pierced by the intercostohumeral nerve.

(b) Deep set: lies along axillary vessels; receives lymph vessels from central set and becomes continuous with the subclavian nodes.

(c) Anterior set: lying on the deeper surface of the pectoral muscles and receiving the lymph from the anterior chest wall.

(d) Posterior set: lying in relation to the subscapular vessels and draining the posterior chest wall, and back.

## 8. What is ankle clonus?

A vibratory movement of the foot obtained by supporting the Tendo Achillis with one hand, while the foot is strongly flexed with the other. It is rarely obtained in health, but is often marked in hysteria and lateral sclerosis.

## 9. Mention the muscles brought into play during deglutition.

The orbicularis oris, the masseter, temporals, buccinators, internal and external pterygoids, mylohyoid, levator palati, constrictors of the pharynx, and the involuntary muscle fibres of the esophagus.

## 10. In a healthy man, what time is consumed in the digestion of an ordinary meal?

About seven hours.

## PRACTICE OF MEDICINE

## 1. Differentiate peritonitis and enteritis.

The constitutional symptoms, the fever, pain, and mental disturbance are much greater in the former. The abdomen is distended and very tender to the touch, or an effusion may be present. In nearly every case there is constipation. In enteritis there is diarrhea, distention is rarely marked, and there is no abdominal rigidity. Vomiting is more commonly seen in peritonitis than in enteritis.

## 2. Give the treatment of hematemesis.

Absolute rest in bed and withdrawal of all food; small pieces of ice may be allowed if there is great thirst. Tannic acid, grs. x. every two hours by mouth and opium and ergot hypodermical-

ly. Ice bag to the epigastrium may help.

## 3. What adventitious sounds are usually discovered by auscultation in catarrhal pneumonia?

Bronchial or broncho-vesicular breathing over scattered areas; sibilant or subcrepitant rales, and moist rales.

## 4. What is the natural duration of pertussis?

From six to eight weeks.

## 5. About what is the average normal pulse-respiration ratio?

Pulse: respiration::4:1.

## 6. Name four common diseases showing marked secondary anemia.

Acute rheumatism, acute nephritis, malaria, syphilis.

## SURGERY

## 1. Name five of the complications of gonorrheal urethritis in the male.

Cystitis, prostatitis, epididymitis, lymphangitis, and bubo.

## 2. What are the indications for castration?

Malignant and non-malignant tumors, and tuberculosis of the testicle; also certain forms of malposition.

## 3. What are the principal causes of tinnitus aurium?

Meniere's disease, impacted cerumen, alterations in pressure in the labyrinth, obstruction of the Eustachian tube, large doses of quinin or of the salicylates, acute otitis media, chronic suppurative otitis media, and neurosis of the auditory nerve.

## 4. Give the diagnosis of stone in the bladder.

A patient with stone in the

bladder complains of frequency of urination, *particularly in the daytime*. Pain of a sharp, burning character is experienced at the end of micturation, which radiates towards pelvis and lower extremity. To prove the presence of a stone it must be touched with a sound and the contact must be felt and heard or the stone must be seen by cystoscopic examination or detected by the X-ray.

5. What are the possible complications of dislocation of the hip?

Fracture of the acetabulum, fracture of the femur, rupture of the femoral vessels, paralysis from compression or rupture of a nerve trunk, and extensive laceration of the neighboring soft parts.

6. What is lupus?

Lupus vulgaris is a chronic inflammatory disease of the skin and mucous membranes due to the tubercle bacillus, and characterized by the formation of nodules of granulation tissue. Frequently these nodules ulcerate.

#### PRACTICAL POINTS IN DIAGNOSIS AND TREAT- MENT

The editor of this department invites correspondence and criticism. All signed communications will be printed and replied to if sent in within thirty days of the current issue.

Belching of gas relieving epigastric pain is more likely to be significant of motor disturbance than of fermentation (Cabot).

Amyl nitrite (5 minim perle) has stopped persistent hiccough

after many other remedies had failed.

Leistikow recommends for the eczema of infants the following:

Zinci oxidi 1 drachm.

Amyli 1 drachm.

Adipis lanae 1 drachm.

Petrolati 2 1-2 drachms.

Hydg. oxidi flavi 6 grains.

M. ft. pasta. (Fischer).

In cases of severe abdominal pain, nausea and vomiting, following manifest dietetic error, but unrelieved by a quarter of a grain of morphia, the diagnosis of "acute indigestion" should not be made. In youth and middle age, the possibility of appendicitis and perforating ulcer must be thought of, while in middle age and past one may be dealing with an exacerbation of gall tract disease, or of nephrolithiasis. Acute nephritis occasionally begins under such circumstances. Some less common possibilities are acute pancreatitis and tabes. *In any of these cases, the temperature at the onset may be not above normal.*

In operating for hemorrhoids by the clamp and cautery method the Rochester surgeons stab the bases of the cauterized areas, letting out the blood clots and leaving the areas open. This, they claim, lessens post-operative pain and increases the efficiency of the operation.

Irregularity of the pupils in children without other manifest cause, is suggestive of the presence of intestinal parasites. (Jadelot.)

More recently it has been suggested that inequality of the

pupils is a sign in some of the early cases of tuberculosis.

In every case of suspected cancer of the stomach, it is well to examine the glands in the supraclavicular fossae, particularly the left, for metastases.

Now that hexamethylentetramin (urotropin) is being used so freely, there are beginning to appear reports of toxic effects. Fullerton reports a case of hemorrhagic cystitis following the administration of more than 40 grains of the drug on three consecutive days. (Jour. A. M. A., Jan. 13, 1912.) Verbum ap.

ERRATUM.—On page 86, lines 4 and 5, 2nd column of volume IV, No. 1 (January-March), appeared a gross error of copy. Instead of

"deep instillations of 20 to 30 cc.," the reading should be, "deep instillations of 20 to 30 minims."

### THE PREVENTION OF SERUM DISEASE

Friedberger and Mita (Deutsche Med. Wochenschrift, Feb. 1, 1912, pp. 201-248) found it possible to avoid all symptoms of anaphylaxis in experimental serotherapy with guinea pigs by injecting the serum extremely slowly. They have devised a combination of slow drop intravenous injection. They found that the animals thus treated were able to tolerate far beyond the ordinary lethal dose. (pp. 741 J. A. M. A. Mch. 9, 1912.)

### MEHARRY MEDICAL COLLEGE

EXAM. FOR SENIOR MEDS. IN DISEASES OF EYE, EAR, NOSE, THROAT  
MARCH 9, 1912

- 1-2. State briefly the place of the course in a general Medical education. In your opinion, should there be more or less of it than we now have?
3. Give any suggestion for improving the course.
4. Define cataract, pterygium, dacryocystitis, chalazion, hordeolum, refraction, dioptric medium, ametropia, heterophoria, pupil.
5. Varieties and treatment of conjunctivitis.
6. Tonsillar tissue—where found—give indications for removal.
7. Discuss briefly foreign bodies in the ear.
8. There is a wide-spread popular belief that "catarrh runs into consumption." Is there any truth in the assertion, or basis in fact for the belief? Give details.
9. Give topography of the middle ear.
10. Differentiate iritis and glaucoma.

When shall the public be ready for the scriptural lesson that "every soul must work out his own salvation" and that they, and only they, "that live the life shall know the doctrine?" One single individual effort toward self-respect and self-redemption is freighted with infinitely more spiritual power and moral survival than the skin-deep veneer of emasculate virtue and unearned peace superimposed by the stagecraft therapeutics of hypnotic suggestions.

Dr. Adil Emil Gilixan,  
—Medical Brief.

The tradesman in the race for gold  
May filch your purse, your land, your  
home;—

Not much the loss.

The cleric fraud may live two lives,  
And never have his misdeeds told;—  
He pays the debt.

Aye, some one's mother may be low,  
And some one's sister fall from grace;—  
Such things we bear.

But when a doctor is untrue,  
Some stricken soul will sorrow know,  
Beyond relief.

A. D. Hard, M. D.  
—Medical Brief.

Marshall, Minn.

## SOCIETY AND PERSONAL

By DR. W. G. ALEXANDER  
14 WEBSTER PLACE, ORANGE, N. J.

(All news items, personals and society reports should be sent direct to the Associate Editor, who welcomes the receipt of all desirable matter. The interest and value of this department may be greatly increased if secretaries of societies will regularly send in reports of the meetings of their organizations.)

The first session of the Tri-State Association of Physicians, Pharmacists and Dentists opened in Ebenezer Church, Jacksonville, Florida, February 21, 1912, at 10 a. m. Fifty-five members registered with cash dues, \$2.00 each.

The meeting was called to order by Dr. J. Seth Hills, President, of Jacksonville, Florida.

Prayer was offered by Rev. Dr. Frazier of Jacksonville. The secretary read the report of the temporary organization of the Association in Athens, Georgia, May, 1911. At that meeting Dr. J. Seth Hills of Jacksonville, Dr. A. M. Brown, of Birmingham, Dr. L. B. Palmer of Atlanta, were chosen president, treasurer and secretary respectively of the Tri-State Association. Jacksonville was chosen as the place of the first meeting.

On motion of Dr. W. C. Smalls the report of the Committee on Constitution and By-Laws was read. The Constitution and By-Laws were read and adopted.

The following are some of the papers read and discussed: Early Diagnosis and Treatment of Gynecological Affections, by Dr. D. H. C. Scott, of Montgomery, Alabama.

The Common House Fly as a Carrier of Disease, by Dr. W. H. Harris, Athens, Georgia.

Tuberculosis, by Dr. A. M. Brown, of Birmingham, Alabama.

The Use of Magnesium Sulphate in Tetanus, by Dr. E. Carrie Mitchell, Ocala, Florida.

Diseases of the Mouth, and their Relation to the General Health, by Dr. C. V. Freeman, Jacksonville, Florida.

The Borderline of Specialism, by Dr. C. V. Roman, Nashville, Tennessee.

Telegrams were read from Dr. J. A. Kenney, of Tuskegee Institute, Alabama, and Dr. D. W. Roberts, of Saint Augustine, Florida, regretting their absence, and wishing the Association success.

Dr. Roman, Editor of the Journal of the National Medical Association presented the claims of the Journal, and on motion of Dr. A. M. Brown, the Journal was adopted as the official organ of the Tri-State Association.

The secretary reported the financial condition of the Association as follows:

Balance in Treasury.....	\$ 10 00
Dues.....	110 00
Total.....	\$120 00

## EXPENSES

Reporters of daily press.....	\$ 15 00
Ebenezer Church.....	10 00
Bethel Church.....	3 00
Due the Secretary for postage, printing, etc.....	16 75
Local Association.....	36 00
Total.....	\$80 75
Balance on hand.....	\$39 25

The following officers were elected:

President, Dr. L. B. Palmer, Atlanta, Georgia; Vice-president, Dr. H. A. Anderson, Jacksonville, Florida; Secretary, Dr. J. A. Kenney, Tuskegee Institute, Alabama; Treasurer, Dr. S. M. Plair, Jacksonville, Florida; Assistant Secretary, Dr. J. R. Hamilton, Atlanta, Georgia; Corresponding Dental Secretary, Dr. W. E. Braswell, Macon, Georgia; Corresponding Pharmaceutical Secretary, Dr. R. W. Butler, Jacksonville, Florida.

## EXECUTIVE BOARD

Drs. J. Seth Hills, G. W. Stoney, F. C. Caffey, C. V. Freeman, Hoskins, W. H. Watkins, S. M. Plair, J. N. Kigh, Moses Amos.

## COMMITTEES

Program and Season: Drs. W. C. Small, J. A. Kenney, C. H. Johnson, W. J. Gunn, L. B. Terry.

Medical Legislation: Drs. D. H. C. Scott, J. W. Butler, J. H. G. Williams.

Credentials: Drs. A. W. Smith, D. W. Roberts, L. P. Walton.

Dr. A. M. Brown of Birmingham,

was elected representative of the Tri-State Association to the meeting of the National Medical Association in Tuskegee, next August.

Dr. W. C. Smalls was elected historian of the association. Dr. C. V. Roman, Nashville, Tennessee was elected honorary member of the Association.

On motion, Atlanta, Georgia, was chosen as the clape for the next meeting in 1914.

#### A TRIBUTE TO AN OLD FRIEND AND SCHOOLMATE

There passed from labor to reward in Natchez, Mississippi, December 30, 1911, John Bowman Banks, M. D., a graduate of Meharry Medical College, Class of 1885.

Dr. Banks during the halcyon days of his youth was a student at Leland University, New Orleans, Louisiana. He was an upright, studious young man, who applied himself assiduously to the work at hand. Not having the means at hand or the friends in sight to assist him in completing a course of study at Leland University, he was compelled to abandon his studies, and enter upon the more stern realities of life, long before he completed the High English College Preparatory, or College Course.

However, he mastered thoroughly the basic principles of an education in so far as books were concerned, took kindly to higher Arithmetic, Algebra, Philosophy, Physiology and Rhetoric, and went over to his home, Summit, Mississippi, took the

public school examination, and procured a first-grade certificate. He began the work of teaching the "young ideas how to shoot," and it was while thus engaged that he became imbued with the idea that he could serve his people to better advantage by adopting as his chosen profession, MEDICINE.

He bade his wife and children adieu, and entered Meharry Medical College in 1883. The faithful wife whom he had left behind supported herself and children by selling milk. The course at Meharry was then a two year one, and hence he was not kept from his family very long.

The writer having attended Leonard Medical School two sessions, met him at Meharry in 1884, and found him to be a most earnest and successful student. He finally graduated, having gained by his studious and gentlemanly deportment, the respect and confidence of his professors and schoolmates.

He went before the Mississippi State Board of Medical Examiners, and passed a creditable examination.

Dr. Banks located at Natchez, Mississippi, where he built up a lucrative practice.

He was a loving and thoughtful husband; far-sighted parent, dutiful, indefatigable and successful practitioner, a jovial companion, exemplifying in his daily round of duties the altruistic spirit in a marked degree.

Dr. Banks was one of the founders and president of the Bluff City Savings Bank. He was never pedantic, was unassuming, and of a reserved disposition, and was at all

times a hard consistent worker at whatever he applied himself, achieving success through the closest application to duty.

He was a member of the N. M. A., joining in 1906, at Philadelphia, Pennsylvania. Dr. Banks was a faithful follower of the Meek and Lowly Lamb, being a member of the Zion A. M. E. church at Natchez.

He had wrought well, financially and materially, and left his family in most excellent circumstances. *Requiescat In Pace.*

T. A. Walker, M. D.,  
Baton Rouge, Louisiana.

#### CEREBRO-SPINAL MENINGITIS

March 31, 1912.

To the Editor:

During a recent epidemic of cerebro-spinal meningitis in this city it was my good fortune to be appointed an assistant to the City Physician for the express purpose of administering the serum treatment to those of our race unable to pay for it. As a result I have treated to date about twenty-eight cases, representing all grades of severity. There have been seven deaths, or a mortality of 25 per cent. Excluding five cases, which were moribund when first seen, there have been two deaths out of twenty-three cases, a mortality per cent. of about 8.6. These figures speak very highly for the efficacy of anti-meningococcic serum, the mortality under the old treatment being from 70 to 90 per cent. In selected cases, naturally, the reduction in mortality with the

serum treatment is even more striking.

It has been my intention to make a preliminary report of some of the interesting and instructive points in the histories of these cases, but I have not been able to do so for this issue of the Journal. I hope to include them in a paper to be written for the Journal in the near future.

Yours very truly,

A. B. Terrell, M. D.

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#### PENNSYLVANIA NEWS

The first annual meeting of the Central Pennsylvania Medical Society was held at the office of Dr. Stephen J. Lewis, Harrisburg, on Friday, January 5th. The following officers were elected: President, Dr. George W. Bowles, York, Pennsylvania; Secretary, Dr. Wm. H. Marshall, Jr., Harrisburg.

The society meets the first Friday evening of each month.

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Dr. Forrest S. Marshall a student of the Philadelphia College of Pharmacy has successfully passed the Pennsylvania State Board and is now connected with a large pharmacy in Germantown.

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Dr. Wm. H. Marshall, Jr., a recent graduate of the same school is employed as chemist in one of the largest wholesale drug houses in central Pennsylvania.

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For the February meeting of the Philadelphia Academy of Medicine and Allied Sciences Dr. R. W. Henry presented the following paper:

"The Irritable Heart: Causes—Prognosis—Treatment."

For the March meeting the program consisted of a symposium on "Oral Surgery." The following papers were presented: "Etiology," by J. T. Howard, D. D. S.; "Differential Diagnosis," by J. S. Lennon, M. D.; "Prognosis and Treatment," by N. F. Mossell, M. D.

At a recent examination in Philadelphia for medical inspectors of the public schools, only 72 out of 168 were successful; of the four Negroes that took the examination only one was successful. Of the 72, permanent appointments were given to 58, among whom was the successful Negro, Dr. John P. Turner. Dr. Turner is a native of North Carolina, a graduate of the College of the City of New York and of Leonard (Shaw) Medical School, class of 1906. Besides the endorsement of his own immediate colleagues he was recommended by a large number of physicians prominent in the medical schools of Philadelphia.

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The Philadelphia Public Ledger has recently settled a \$15,000 builder's lien on the Douglass Memorial Hospital.

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The Professional Club, composed of a large number of physicians and lawyers held a most successful reception in February; the organization plans to have a club house open only to professional men; this will assure visiting physicians and lawyers a recreation place of quiet and dignity.

The Douglass Memorial Hospital has established a post-graduate course that will be much appreciated by the large number of men, who have graduated from institutions where clinical opportunities are not well provided. It is well known that post-graduate schools in the large centers of medical education are no longer open to Negroes. In inaugurating this course in Philadelphia, where clinical material may be had in abundance, the Douglass Hospital is supplying an advantage that every progressive physician feels himself in need of. The course and instructors are: Operative Surgery—Morris Booth Miller, M. D., and Nathan F. Mossell, M. D.; Assistants, J. S. Lennon, M. D., and John P. Turner, M. D. II—Gynecology, Medical and Operative—John Q. McDougald, Chief; Assistants, M. Norvell Pannell, M. D., F. C. Antoine, M. D., Grace A. Diuguid, M. D., Tamlin L. Powell, M. D. III—Ophthalmology, Refractive and Operative—Leighton F. Appleman, M. D., Chief; Assistant, Preston M. Edwards, M. D. IV—Bacteriology, with laboratory facilities, under the direction of Grace A. Diuguid, M. D.

The Out-patient Department has a largely attended daily clinic, which gives opportunities for the study of genito-urinary diseases.

#### NORTH CAROLINA

Dr. George W. Williams of Charlotte died in February after a short illness from pneumonia. Dr. Williams was held in high esteem in his

locality and state and had made considerable progress in the practice of surgery.

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Dr. J. C. Plummer of Raleigh was recently operated on for appendicitis at St. Agnes Hospital, Raleigh; he is making a favorable recovery.

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The next meeting of the North Carolina Medical Society will be held in Raleigh in July; the officers of the society are: Dr. S. L. Warren, Durham, President; Dr. A. A. Wyche, Charlotte, Secretary.

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At the forthcoming commencement exercises of Leonard Medical School, Shaw University, which will be held from the fifth to the twelfth of May, a large class of physicians will be graduated.

#### WEST VIRGINIA NEWS

A large attendance is expected at the next session of the West Virginia Medical Society, which will be held at Huntington on June 6th and 7th.

Invitations have been sent announcing the opening of the Barnett Hospital at Huntington, on April 24th.

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The Commencement Exercises of the Leonard Medical School, Shaw University, Raleigh, North Carolina, will begin Sunday, May 5, 1912, and continue to Thursday night of the same week. A feature of interest in connection with these exercises will be the dedication of the new hospital, on Wednesday, May 8. Dr. A. M. Moore of Durham,

North Carolina, will preside over these exercises. The principal addresses on this occasion will be given by Dr. Wm. Moncure, representing the Faculty of Leonard Medical School; Dr. L. B. McBrayer, president of the North Carolina Board of Examiners; Dr. J. A. Kenney, Medical Director, Tuskegee Institute, Alabama; and Hon. Isaac H. Smith, New Bern, North Carolina.

A more extended report of same may be expected in the next issue.

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#### NEW YORK ITEMS?

Under the auspices of the New York Historical and Literary Society a public health meeting was held at St. James Presbyterian Church on February 28th, at which Dr. Leo Fitz-Nearon presided. The paper, "Personal and Public Hygiene," was read by Dr. E. P. Roberts; other speakers for the occasion were: Drs. G. E. Cannon, A. St. Clair Jones, A. S. Reed and J. E. Cabbannis.

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The McDonough Memorial Hospital Association continues its efforts to raise funds for the new hospital; for this purpose a charity ball will be given April 25th. Late public meetings will be held throughout the city to acquaint the public with the project and arouse enthusiasm in it.

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Since the beginning of the year the Medico-Chirurgical Society has inaugurated the plan of holding the meetings at the various members' residences. As a result there has

been an increase of attendance and a marked advance of *Esprit du corps*.

At the March meeting, which was held at the residence of Dr. P. A. Johnson, the paper, "What to Eat and Why" was read by Dr. R. A. Fraser. For the April meeting, which will be held at the residence of R. A. Fraser, Dr. George E. Marshall will read a paper entitled, "The Manifestations of Syphilis in the Oral Cavity."

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The society at its February meeting decided to again support a scholarship at Tuskegee.

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At the March meeting of the Aesculapian Medical Society an interesting clinic was held, consisting of cystoscopic examinations of the uterus bladder and urethra, in both the male and female.

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Dr. E. T. St. John, who is devoting his practice to diseases of the eye, ear, nose and throat has removed to 60 W. 139th St.

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Drs. Gustavus Henderson and Roland Johnson have been selected as representatives of the Equity Congress to appear before the state legislature in support of the bill, creating a Negro regiment.

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Correspondents will kindly forward all items of interest and society and personal notes, to Dr. W. G. Alexander, Associate Editor, 14 Webster Place, Orange, New Jersey, before the 15th of the month previous to date of publication.

## TENNESSEE NOTES

During the week beginning February 6th, an interesting clinic was held at the G. W. Hubbard Hospital, Nashville, by Dr. Daniel Williams of Chicago; twenty-five operations were performed, about one-half of which were major.

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The Bluff City Academy of Medicine and Surgery is making preparations for the reception and entertainment of the Volunteer State Medical Association which convenes in Memphis early in June.

The local societies of Knoxville, Chattanooga and Nashville have planned to send large delegations to the convention.

The Rock City Academy of Medicine and Surgery expects to have the largest representation in its history.

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Rapid progress is being made toward the completion of the G. W. Hubbard Hospital (Meharry Medical school). At present all work is being carried on in the north wing; it is planned to have the south wing completed early in the fall.

The efficiency obtained in this institution is largely due to the zeal and executive ability of Miss C. C. Hunt, who has direct charge of its affairs.

There are now in the Training School seven senior nurses, who are candidates for graduation in April; two junior nurses; three first-year nurses, and three probation nurses.

Since the Chattanooga meeting, at which time the dental section was organized, the dentists have succeeded in enlisting a larger portion of the members throughout the state.

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The Commencement Exercises of Meharry Medical College were held during the week beginning April 21. On Tuesday night, April 23, exercises were conducted in the Ryman Auditorium, Nashville, Tenn. Diplomas were issued to 81 in medicine, 16 in dentistry, 19 in pharmacy and 7 in nurse training.

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## NEW JERSEY NEWS

Beginning with the year the North Jersey Medical Society took up the general topic of "Gynecology;" at the January meeting the papers were as follows: "Common Affections of the Vulva," by N. T. Cotten, M. D., of Patterson and "Leucorrhea," by I. A. Lawrence, M. D., of Elizabeth. This meeting was held at the residence of Dr. W. P. G. Urling, Newark.

The February meeting was held at the residence of Dr. W. W. Wollfe, Newark; the papers were as follows: "Dysmenorrhea," by J. C. Anderson, M. D., Plainfield; "Amenorrhea," by W. J. Parks, M. D., Asbury Park.

The March meeting was held at the residence of Dr. W. H. Washington, Newark; the paper, "Uterine Hemorrhages: Causes and Treatment," was read by Dr. W. W. Wollfe.

Dr. J. L. Baxter of Newark is occupying the offices in Orange of the late Dr. John D. Ballard.

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Messrs. Samuel Worthy and Nathaniel H. Minton have opened a pharmacy in Orange.

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In New Jersey professional men are now located in the following places: Jersey City three physicians and two dentists; Newark, six physicians and one dentist; Orange, two physicians and two dentists; Montclair, one physician; Elizabeth, one physician; Plainfield, two physicians and one dentist; Asbury Park, one physician; Princeton, one physician; Camden, one physician; Atlantic City, five physicians and two dentists.

Trenton and Morristown offer good fields for physicians, and several desirable locations are open for dentists and pharmacists.

(The Associate Editor will be glad to communicate with any one desiring information regarding these localities).

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Drs. John E. Hunter and J. F. Laine on last Saturday night performed a unique operation which promises to be a success. The tender age of the patient, besides the gravity of the complaint, was considerably against the chances of a successful operation.

The patient is only seventeen months old, and was suffering from a complication of diseases, including strangulated hernia and appendicitis. The infant is at St. Joseph's Hos-

pital where the case is attracting no little attention, as either condition was enough to have resulted fatally had the operation been delayed much longer. Dr. Hunter is being congratulated on all sides for his skillful handling of the case.

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Dr. John E. Hunter of Lexington, Ky., says: "The Big Tuskegee Meeting will be the biggest in our history, I am sure."

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The Palmetto Medical Association announces its annual meeting at Sumter, South Carolina, April 24, 1912.

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The American Proctologic Society will hold its 14th annual meeting in Atlantic City, New Jersey, June 3 and 4, 1912.

The preliminary program contains 23 numbers of much interest. Among the authors are men high in the medical profession, from all parts of the country; as far west as California. Many of the subjects treated are of great practical importance.

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J. R. Anderson, Phar. D., was recently married to Miss Thomas of New York City.

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The Journal acknowledges receipt of the program of the 12th annual meeting of the Mississippi Medical, Dental and Pharmaceutical Association, Jackson, Miss., April 24 and 25, 1912.

Dr. E. A. Carter of Buxton, Iowa, a member of the National Medical Association, and a subscriber to the Journal, gave an illustrated lecture for men only at the Y. M. C. A. of that city on February 18. He spoke upon the general topic: "Some things men ought to know." Dr. Carter is doing in his way what the National Medical Association desires all of its members to do, in their individual localities, that is, strive to improve the living conditions among the masses.

Dr. J. R. Sheppard of Marshall, Texas, opened up a perfectly new sanitarium, which he built from the ground up last November, and reports several operations, including abdominal cases, all of which have been successful, excepting one, a patient with hip joint disease, who died of shock, following a hip joint operation.

He reports that the local physi-

cians, as well as those in adjoining counties, are in perfect harmony with his work.

Dr. S. L. Carson of Freedman's Hospital, Washington, held a well attended and interesting clinic at the Harrison Hospital, Kimball on March 2nd.

The Mississippi Medical, Dental, Pharmaceutical and Surgical Association, President, Dr. O. W. Sherrod, Meridian, Miss.; Secretary, Dr. J. H. Howard. Meetings annually in April.

Mound City Medical Association St. Louis, Mo., Physicians, Dentists and Pharmacists.

Charles Henry Philips, Jr., M. D. President; Dr. L. B. Bluitt, E. St., St. Louis, 1st Vice-president; Dr. E. L. Hunter, 2nd Vice-president; Dr. Charles L. Thomas, Secretary; Mr. E. L. Harrison, Ph. G. Treasurer.

#### TO THE MEDICAL PROFESSION

Are you aware that Waterbury's compound with creosote and guaiacol, a preparation made from pure Norwegian cod liver oil, and by a process heretofore never used in the treatment of oil, has through its dependable physiological results established itself with the busy, thoughtful physicians throughout the entire globe?

We most sincerely commend this product to your careful attention. We assure you that we believe Waterbury's preparation from cod liver oil as a rich, red blood maker has never been equalled on the world's market. It is a preparation that is well tolerated by the most delicate stomach, always increases the appetite, and today in many of the foreign countries physicians at their own expense have installed in hospitals and in their office practice a system

of cards for noting the increased weight where this preparation is used.

Now it is not necessary for you to try this product with many patients suffering from many different ailments where such a preparation is indicated, but a single try-out in any well selected case will convince you of the above stated values. So if it is results you are after, you may depend upon the physiological action of the preparation every time when used in indicated conditions.

Thanking those who have used this preparation and are familiar with its action, trusting we may have the satisfaction of knowing this preparation is doing all the good it is worthy of by its increased use by physicians heretofore unacquainted with the compound, we beg to remain,

Respectfully yours,  
Waterbury Chemical Company.

## ITEMS OF INTEREST

Columbus, Miss.—Some real results are being reported from the tuberculosis exhibition campaign among the colored people. Principal W. I. Mitchell of Union Academy, the colored school, has written the following letter:

"I am sure the older pupils were very much benefited by visiting the exhibition. They have reduced to practice some things learned there. They now have their own drinking cups. They co-operate heartily in keeping their rooms clean. They are better prepared to listen to talks from their teachers along lines of health and cleanliness.

"The younger students under ten years of age will remember that they went to the "Locus" exhibition, and after a while the full meaning of it will dawn upon them. Furthermore, the fact of their going interested their parents and caused many to visit the exhibition who otherwise would not have been there. Since the exhibition has been here I have screened my kitchen and dining room, installed city hydrant water and made other sanitary improvements."

Winston-Salem, N. C.—Additional evidence that the colored people over the state are being aroused in the matter of tuberculosis is given by a letter received from Durham from a colored girl, a recent student at

Shaw University. The letter which follows has been sent to the State Board of Health in order that the writer may receive the printed matter which the state provides without expense to anyone in North Carolina who may apply for information.

The letter is as follows:

"In reading the Herald today I learn that you are willing to mail literature to those asking for it on the subject of tuberculosis. I feel very much the need of this offer, since I realize it is my race who are suffering so much from this disease. I feel very much interested in this work and would be very grateful to you for your co-operation. I want to fully understand what my people (the Negro race) are to do to reduce the high death-rate percentage which we are having yearly.

"Please let me know what this literature will cost me and I will forward you the money so you can send me the goods.

"I guess it might be well to add that I am a colored girl. I am nineteen years of age and have attended Shaw University for the last two years."

Dr. Alex B. Terrell, of Ft. Worth, Tex., has been appointed assistant in the Department of Health of that city at a salary of seventy-five dollars per month.

The manufacturers of a certain brand of Sphygmomanometer make this interesting statement:

The use of this invaluable instrument affords you the following advantages in treatment:

Daily and exact knowledge of distribution and effect.

In obstetrics, a timely warning of any danger of eclampsia.

Indispensable information in care of neurotic patients.

Remarkable results, through noting distribution of treatment

in chronic interstitial nephritis.

Definite knowledge of effect of treatment in auto-intoxication.

A warning of any subsequent trouble, long before any other method or practice could give it, in surgical operations, by keeping a blood pressure chart before, during and after operation.

In anaesthesia (nitrous oxide-oxygen, ether, chloroform, or other) its importance cannot be over-estimated.

GET READY FOR THE 14TH  
ANNUAL MEETING OF THE  
NATIONAL MEDICAL ASSO-  
CIATION, TUSKEGEE INSTI-  
TUTE, ALA., AUGUST, 1912

## Books, Lay Press, Etc.

### CASE REPORT OF PELLAGRA

Under this heading Dr. A. W. Springs of Dewmaine, Ill., presents a little reprint of case of pellagra reported at the Williamson County Medical Association meeting, August, 1910.

There is nothing especially striking about the case. It is reported principally for its rarity up to that time in the Northern sections of the country.

Female, age 24. Syphilitic history. Had suffered with hemorrhoids for which she received operation in 1906, and had suffered with rectal trouble since. Patient ate freely of corn bread and green corn. Had the classical gastro-intestinal, and nervous symptoms, and skin lesions.

Death finally closed the scene preceded by partial paralysis. The doctor attended patient two years. He mentions the intestinal antiseptics and mercurial ointment as medicines used.

Two photographic views of the case are appended.



Showing the similarity of the eruption on extensor surface of both hands and fore-arms.



This plate was exposed twice, yet it gives an idea of the emaciated condition of the right leg, and the edematous condition of the left leg and foot.

We wish to acknowledge receipt of the proceedings of the 25th annual session of the Lone Star State Medical, Dental and Pharmaceutical Association held in Dallas, Oct. 1911. The officers are as follows:

F. A. Bryan, M. D., President, Dallas.

H. E. Lee, M. D., First Vice President, Houston.

W. A. Willis, D. D. S., Second Vice President, Galveston.

D. V. Hooper, Ph. C., Third Vice President, Dallas.

R. B. Barnes, M. D., Secretary.

Miss A. E. Hughes, Ph. C., Treasurer.

The next meeting is to be held at Waco, Texas, 1912.

Some Rough Notes on Modern Diagnostic Methods, is the title of a booklet recently published by the

Fellows Co. of New York. Manufacturers of the Fellows Compound Syrup of Hypophosphites. This booklet is being mailed free to all physicians in the United States. By carefully noting its pages, a great deal of valuable diagnostic matter may be obtained. Much attention being given to examination of stools, sputum, transudates, and exudates; the opsonic index, Widal & Wasserman Reactions, etc.

**BLAIR'S POCKET THERAPEUTICS:** A Practitioner's Handbook of Medical Treatment. By Thomas S. Blair, M. D., Neurologist to Harrisburg, Pa., Hospital; Author of "A System of Public Hygiene," "Blair's Practitioner's Handbook of Materia Medica," Member of the Harrisburg Academy of Medicine, American Medical Association, etc.; 373 pages, special Bible paper; bound in limp leather; price, \$2.00. Published by THE MEDICAL COUNCIL Co., Forty-second and Chestnut Streets, Philadelphia, Pa.

The physician very frequently needs, for instant reference, a book which gives the best methods of treatment in any given case. Many books have been offered for this purpose, but they consisted only of collections of miscellaneous prescriptions and formulas, totally unrelated to each other, with no rules or reasons to guide in their use, and almost useless to the physician with any independence of thought or scientific bent of mind.

This book gives a condensed intelligent discussion of the best methods of treatment, based on scientific principles, with a well-trying, reliable formula occasionally to illustrate the application of the principles. The author gives many modes of treatment far in advance of the present textbooks. An ingenious method of in-

dicating relative dosage is to print the name of the drug in CAPITAL LETTERS for large doses, in ordinary type for medium doses, and in *italics* for small doses. An exhaustive "Table of Large, Medium and Small Doses" is given in the book.

The diseases treated are divided into related groups, each group occupying a chapter.

This book will be a useful pocket companion to the physician in his daily work.

**THE TAYLOR POCKET CASE RECORD.**

By J. J. Taylor, M. D., 252 pages, tough bond paper; red limp leather; \$1.00. Published by THE MEDICAL COUNCIL Co., Forty-second and Chestnut Streets, Philadelphia, Pa.

The object of this book is to encourage more accurate observation and study of cases by supplying a convenient form for a condensed record of each important case, in pocket size, so that the practitioner can have it always with him, and so arranged that the necessary data can be written down in the briefest possible time—preferably while the examination is actually being made.

Thoroughness of examination is encouraged by means of a Syllabus, detailing all the points that should be considered in each case.

The blank for the first thorough examination diagnosis and treatment is followed by spaces for sixteen subsequent visits.

The book provides for 120 cases.

Among the staunch defenders of the medical profession is that erratic free lance of journalism, *Collier's*. The following extract from an article on vivisection by Dr. James Ewing is a good illustration:

"If the opponents of animal experimentation were to erase from a text-book of physiology the knowledge gained by animal experiments, one-

half the contents would disappear, and the other half would become, for the most part, unintelligible."—*Heidenhain*.

"The more one really knows of what animal experimentation is doing for neurology, the more keenly he feels that it is a most beneficent instrument in human progress."—*Dana*.

In pharmacology, animal experiments have transformed the giving of drugs from a dangerous jumble of guesswork to a well systematized, safe and rapidly advancing science. In the science of nutrition there is hope that the diseases of old age may some time be effectually controlled. The experimental study of heredity has given a new meaning to eugenics, that science of the future which looks toward the day when human intelligence can guarantee that every child born shall inherit a sound mind in a sound body.

Yet in the face of this record and prospect, of which they are ignorant, a few people still denounce the practice of animal experimentation, and assert that its results are worthless and its pursuit debasing. Instead of answering yea with nay, it may be well to inquire: What is vivisection?

Today it requires the sacrifice of one-tenth as many animals as are suffocated or shot by the anticruelty societies. These animals may be legally used for experiments only under the direction of medical or research institutions, most of which are schools of our universities. The animals employed are a few monkeys many dogs and cats, and chiefly guinea-pigs, rabbits, rats, mice, and frogs, besides invertebrates. They are protected by the humanity of the experimenters, by the necessity in most cases of painless operations, by the authority of the heads of departments, by the rigid criticism of col-

leagues, and by the rules issued by the American Medical Association.

### VACCINATION

In Manila, during Spanish times, there were so many deaths from smallpox that it was necessary to erect in that city a large temporary hospital for the victims, most of whom died. During the last five years no one who had been successfully vaccinated during the five previous years has died in Manila. No one at all has died there since June, 1909. In large cities, and in the localities which are easily accessible, the disease is now mild. Owing to a combination of circumstances vaccination, which was begun twelve years ago by the American sanitary authorities, was suspended in Bagac during a period of nine years. A bad epidemic broke out, but when vaccination was begun again no new cases occurred. The official reports from the islands make a very strong document in support of the benefits of vaccination.

By the way, the Republicans put a National Bureau of Health into their platform and then took no interest in the subject. The President was enthusiastic about it for a little while and then apparently forgot it. Will the Democrats, who also put it in their platform, pay a little attention to it next winter? A passenger was standing outside the door of a Pullman sleeper when the porter asked him to come inside.

"I thought a platform was meant to stand on."

"Oh, no, sah, a platform is meant to get in on.—*Collier's*."

### THE BATTLE BETWEEN

#### SCIENCE AND DISEASE

Texas has been imperiled by an epidemic of a disease of the most insidious and deadly nature. Dallas has been a serious center of this

malignant disorder for weeks past. Many lives have been lost and commerce has suffered loss to the amount of hundreds of thousands of dollars by the slowing up of every line of business. In the distress that was on us a call was made for a man who knew to come and lead in a scientific war against the meningitis. Dr. Sophian came from the Rockefeller Institute, New York. He came representing the scientific discovery of Dr. Flexner, the inventor of the Flexner serum for the cure of meningitis. The coming of Dr. Sophian was the signal for large gatherings of physicians from cities and towns for 100 miles around Dallas. To these the specialist lectured, explaining the use of the Flexner serum and outlining the best method of combatting this most insidious and deadly enemy. It was a war of science on disease in the interest of humanity, not only in Dallas, but all over North Texas and beyond. The doctors of all degrees and sorts went into the battle under the skillful leader without reserve. Not only the doctors, but nurses from the Baptist and Catholic sanatoria volunteered to face death at the call of duty in the battle for human life, whether high or low. It was bravely and nobly done and the results have been most gratifying. The mortality fell from between 60 and 70 per cent. to between 8 and 10 per cent. where cases were taken in time. But it was not at this point that the greatest victory was won. It was in the preventive work that science scored its chief victory. By a scientific method of detection preventive remedies were applied just where needed, so that the areas of infection were constantly circumscribed, and the disease exterminated by preventive medicine. In this battle the skillful work of Dr. Sophian was worth more than money

can buy. But back of Dr. Sophian was Dr. Flexner with his serum. And back of him is the Rockefeller Institute, and back of that John D. Rockefeller, who, with millions given ungrudgingly for human good, made the splendid victory possible. In this one emergency Rockefeller has helped all our people in health, happiness and in money beyond words. Every one who helped deserves a meed of praise, from the heroic nurse who stood dauntless by the bed of the stricken and dying and the humble ambulance driver, who invaded the very dens of the disease and carried its victims to the hospital, up or down, whichever way it was, to Dr. Sophian, the general in the fight. It was becoming that a representative body of citizens should meet in a banquet and give expressions of deep appreciation to the men who had led us in one capacity or another to victory. Dean E. H. Cary of the Baylor School of Medicine, presided. A beautiful loving cup was given Dr. Sophian and lesser gifts to others, among them Dr. A. E. Thayer, who was given a locket and fob set with diamonds. Dr. Thayer is the pathologist of Baylor College of Medicine and a scientist in the first rank. His training has been in the great schools of both continents. A city paper says:

"Rev. J. Frank Smith presented a diamond locket and fob to Dr. Thayer, one of the most eminent scientists in the South, 'the man who has worked day and night testing for germs without praise or credit, one whose faithful and tremendous services have been carefully kept from the spotlight.'"

A dispatch to the Dallas News from Shreveport, La., says:

Past Assistant Surgeon Von Ezdorf of the United States Marine Hospital Corps, who is just back from

Dallas and other cities where he studied the meningitis situation, lectured here today under the auspices of the Louisiana Board of Health. He declared the Texans were properly combating the disease and that there had been great improvement, and the situation gave promise of getting better all along. He made especial reference to excellent work being done at Dallas and recently adopted by the authorities at Fort Worth, Waco, and that of the State Board of Health also under direction of Dr. Ralph Steiner. He quoted statistics obtained from Dr. A. E. Thayer of Dallas, whose superb work is attracting the attention of bacteriologists. Unbounded credit should be given Dr. Thayer for the excellent and scientific work he has rendered in detecting healthy carriers of this disease, which is most important and essential for controlling the spread of infection.

It must be gratifying to us all that when a great emergency came—an emergency which only science, well equipped and on the field, could meet, our Baylor College of Medicine had the man and the equipment ready for the fight. Thus many times over has the wisdom of founding Baylor Medical College in this center of a vast population been justified. The whole land has been blessed by the quiet, unobtrusive labors of Dr. Thayer, the cultured, Christian and profound scientist, whose work in his laboratory has shown the fighters on the field where to strike and forged the instruments of their successful warfare.

And we cannot keep out of mind that quiet Christian woman, Mrs. Ramseuer, whose noble gift made possible the splendid work of the keen scientist. In a far-reaching way she and he have blessed humanity.

She by furnishing the means which made the work of Dr. Thayer possible and he by using the equipment for the stricken multitudes.

Out of the battle between science and disease now happily nearly closed in Dallas some lessons obtrude themselves large. First of all, we have forced on us, in a most practical way, the lesson taught us by the Savior. We are all of one blood, heirs of common human woes, and each in a deep sense his neighbor's keeper. And also that other lesson lying further back obtrudes itself: We can only keep ourselves by keeping our neighbors. Much of the trouble in Dallas came out of poor, unsanitary homes of Negroes. The millionaire can catch death from the Negro who blacks his shoes. He must care for the Negro to save himself. Another lesson is the necessity for medical centers in the centers of great populations. In the battle now about over the whole country was interested in the trained fighter from New York, but not a whit less in the less observed, but not less skillful fighter in the laboratory. We have before us a full demonstration of the wisdom of the plea made by Pastor Truett and others when the money was raised to establish the great plant in Dallas on its double foundation of teaching and demonstrating medicine scientifically. In the light of today we will go on to perfection. —Baptist Standard, Feb. 8, 1912.

## A TEXT-BOOK OF ALKALOIDAL THERAPEUTICS

BY WAUGH AND ABBOTT

(The Abbott Press, Chicago.)

This is a well gotten up book of nearly eight hundred pages. Mechanically the book is very acceptable indeed. The paper is light and the

type is clear—for a desk reference book, the size is convenient.

It is a vindication of drug therapy in general and alkaloidal therapeutics in particular.

While not free from bias, the book is worthy a place in the library of any physician. To those physicians, who from choice or necessity, dispense their own medicines, it will prove a valuable assistant.

All the writers say of pure drugs and accurate dosage will be accepted without question by all physicians believing in drug-therapy; but the ever-present corollary that purity of composition and accuracy of dosage are to be found in alkaloidal granules only, will provoke controversy. The implied dishonesty and incompetency of druggists is, I think, unjust. The average druggist in my experience, is neither dishonest nor incompetent. The difficulty of getting what you

call for at a respectable drug store is a bugbear that has been conjured up for advertising purposes and has little basis in fact. Successful drug business like any other business, must rely upon the confidence of patrons for permanency.

The efficiency of properly prepared tinctures, fluid extracts ("Galenicals"), is under rated by the writers, and the assumption that all the virtue of a plant can be isolated and presented as active principles or alkaloids is not justified by the present state of medical chemistry.

These controversial points aside, the book has the virtues of honesty, sanity and enthusiasm and ably presents the creed of the writers,—a creed that is doing herculean work in making efficient medical practitioners. It deserves and doubtless will receive a large circulation.

## Therapeutic Notes

### THE OFFICIAL PREPARATIONS OF THE U. S. P. AND N. F.

That there has been a great betterment in drug therapy during the past five years no physician will dispute. Scientific and practical medical practitioners are not only just passing out of the age of drug nihilism, but they have awakened to the fact that a fairly good conception of the pharmacological action of drugs is the one thing needed for a perfectly rational and successful treatment of disease.

All physicians are aware of the fact that a lack of expertness in treatment is responsible, probably more than all other

causes combined, for the rapid growth of the "medicine-less cults" and all pharmacists are fast beginning to realize that their own shortcomings are largely responsible for the same results.

Beginning with this issue of our journal we will therefore open a department as above headed, giving reliable information regarding the standard official drugs and preparations of the United States Pharmacopoeia and the National Formulary, as well as other reliable drug products. We will discuss this month the Elixir of Salicylic Acid, N. F., the Compound Cathartic Pills, U. S. P., and Syrup of Glycyrrhiza, N. F.

## ELIXIR ACIDI SALICYLICI, N. F.

Elixir of Salicylic Acid, N. F., contains in each teaspoonful dose, 5 grains of Salicylic Acid and 7 1-2 grains of Potassium Citrate, in a vehicle of Aromatic Elixir and Glycerin. It contains 50 per cent. of Glycerin and 9 per cent. of Alcohol. It is made fresh upon prescription needs. The dose is 4 Cc. (1 fluidram), after meals and well diluted.

Physicians are cautioned never to use Salicylic Acid in pill, powder or capsule form, as it is very irritating to mucous surfaces in substance. Its action, which is best produced by prescribing the above elixir, is diuretic, and tends to reduce abnormally high temperatures. It is rapidly absorbed, but slowly eliminated. It increases the flow and secretion of bile. It is contraindicated in pregnancy and in alcoholic intoxication.

It finds its chief sphere of usefulness in acute rheumatism, in which it approaches the character of a specific remedy. As its most marked effects are the reduction of the fever, the pain and the articular swelling, it is undoubtedly good practice to reduce or abandon the Salicylic Acid after it has produced these effects and to then replace or combine it with an alkali (see formula below):

During treatment with Salicylic Acid, it is always well to look carefully to the digestive tract, that any irritant action may be promptly checked. Prescriptions for it should be marked "non-repetatur," so that the physician may always be informed of a patient's condition

and prevent his forming the self-medication habit.

The elixir is often used advantageously to promote the absorption of effusions into the serous membranes, such as the pleura, and also subretinal effusions. An effective combination is as follows, changing dosage to suit individual cases:

Potassii Iodidi 2 drachms  
Fluidextracti Gelsemii 1 drachm  
Fluidextracti Cimicifugae 3 drachms  
Elixir Acidi Salicylici, ad 4 ounces

Dose, one teaspoonful, as per indications.

(To be continued in next number.)

## ANEDEMIN

(Opposed to Edema)

Each tablet contains: SCILLAE (Squills, dried root) grs. 2. SAMBUCUS (Elder, inner bark used) gr. 1. APOCYNUM (Canadian or Black Indian Hemp) grs. 2. STROPHANTHUS (Powdered seed) gr. 1-80. Chocolate coated.

Especially and scientifically prepared. Anedemin will restore and maintain a perfect balance between the arterial and venous system. It is an ideal cardiotonic, a positive hydragogue and an efficient diuretic. Most dependable and satisfactory therapeutic agent for the rapid removal of

### DROPSICAL EFFUSIONS

Urgently indicated in Nephritis, Valvular Disease and Cirrhosis, with Dropsy attendant.

No nausea; no gastro-intestinal disturbance. Positively non toxic, not cumulative.

Guaranteed by us under Pure Food and Drug Act, June 30, 1906. Guaranty No 1234.

Refer your druggist to us. Formulae on every box. Strictly on ethical bases. Advertised to the medical profession only.

**Anedemin Chemical Co.**  
Winchester, Tenn.

The Editors endeavor to publish only that which is authentic, but disclaim responsibility for views expressed by contributors.

## THE HOSPITAL IDEA ESSENTIALLY ALTRUISTIC

\*By JOHN A. KENNEY, M. D.

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Conceived in no spirit of selfish aggrandizement, fostered by no personal ambition, but born of the necessities of human frailties, the hospital has for its object: the amelioration of suffering, the restoration to health and prolongation of the lives of the greatest of God's creation—Mankind.†

Back of every great movement must be an idea, a conception, a vision. Visions are not confined to Holy Writ. Abundant evidences are found in modern times as proof of this. Columbus had an idea that by sailing westward he could find a pathway to Asia; Abraham Lincoln had an idea that the bonds could be smitten from the slaves of the South; Dr. Tupper, General Armstrong and others had an idea that these freed men could be educated. But the idea is not sufficient.

Men of vision are necessary, men of action are indispensable. There

must be an embodiment, an incarnation of the idea. The world has very little patience with the dreamer, with the idealist. To be of practical value and to demand men's consideration the idea must be put into effect. This necessitates the man. Shaw University was an idea, but suppose it had rested there? A Tupper was a necessity as an embodiment of this idea.

The Leonard hospital as an idea incubated in its embryologic state for a number of years; but had not Dr. Meserve fostered this idea, the magnificent structure we witness today with its wonderful possibilities of doing good in the alleviation of suffering and the development and training of physicians and nurses would not exist. Suppose Columbus had been content with his idea, the discovery of America might have been postponed indefinitely. Had Lincoln slept on his conception of

\*Address delivered at the dedication of the Leonard Hospital, Shaw University, Raleigh, North Carolina, May 8, 1912.

†With apologies to Dr. Roman.

a free nation, Old Glory might have required many more gallons of priceless blood to cleanse her of the stain and shame of human slavery. Had not Dr. Tupper and General Armstrong carefully nurtured their ideas of education, these would have died within them, and we would have no Shaw and no Hampton.

The hospital idea has developed into full grown maturity. Even were I so inclined, the time at my disposal would not permit me to trace its development. The modern hospital in its plan, organization, construction, equipment and management, presents an example of some of the highest kind of skill, specialized training and administrative ability.

The hospital is a very costly institution. As far as I am advised few are established with the idea of money making. The greatest desire of the majority of managers is not to pile up a big profit, but simply to keep down a heavy loss; all of which goes to prove that the hospital is fundamentally altruistic. Sometimes it is founded on philanthropy, but usually on charity, by charity, and for charity.

We frequently hear the pessimistic expression that the world is growing worse. The foregoing arguments suffice to prove that facts are to the contrary. The world never showed more interest in educational, philanthropic and altruistic movements than it shows today. More is done for the alleviation of suffering than ever before. The hospital

idea fairly permeates civilized communities. The hospital is a great institution. More and more its beneficence is being recognized both by the benefactors and the benefitted, till today millions of dollars are invested in hospital property.

It is encouraging to note, and I am gratified to relate it, that more and more this idea is getting hold of our own race. In all parts of the country we find that hospitals are receiving more attention. You may be surprised to know that there are as many as sixty-three institutions bearing the names of hospitals, sanitariums, infirmaries, etc., now in operation for our people. This list does not include the city and other municipal institutions where Negroes are admitted, but institutions provided especially for the use of our people; and barring the great Freedmen's Hospital which is under the Interior Department of the United States Government, and a few others in connection with institutions of learning, they have been established by the energy and push of the Negroes themselves, of course, recognizing in many instances the liberal assistance from the whites.

On many occasions we find that physicians have individually opened and financed private institutions. For a number of years Dr. W. E. Sterrs, of Decatur, Alabama, has maintained the Cottage Home Infirmary, where a number of medical and surgical cases have been successfully handled.

Dr. L. L. Burwell, of Selma, Alabama, one of our graduates, conducts the Burwell Infirmary.

Dr. J. R. Shepherd, of Marshall, Texas, last year erected and equipped a new two story building of fourteen rooms at a cost of some \$4,000.00, which is now being run as a private institution, having at its head a graduate nurse of Tuskegee Institute Hospital with two assistant nurses.

Dr. J. Edward Perry, of Kansas City, Missouri, by his own efforts produced the Perry Sanitarium, whose doors he very generously opened to patients of other physicians as well as his own.

Dr. C. N. Garland, a graduate of Leonard, 1901, purchased single-handed a valuable piece of property in the city of Boston, a brick building of four stories, which he converted into a hospital, and has for a number of years conducted it single-handed in so far as finances are concerned, having, however, had the support of some of the physicians who assist him in his work. (We have been recently informed that plans are now on foot for turning the hospital over to the colored physicians of Boston).

Many other examples of this kind could be cited.

In some instances a number of colored physicians in a city have combined their resources and opened a hospital. One of the most successful examples of this kind is found at the Fair Haven Infirmary, Atlanta, Georgia, where five physicians purchased with their own means a building and are running it successfully.

Sometimes the physicians of a

city co-operate with the citizens and together they conduct a hospital, as in the instance of the Hale Infirmary, Montgomery, Alabama, which is one of the few institutions of its kind I know of that is able to meet its expenses by its own earnings while at the same time caring for a number of charity patients.

In one instance, I know of a woman who is neither a physician nor nurse that runs an infirmary. She receives for a stipulated sum, and cares for the patients of many of the physicians in the city. This institution is in Columbia, South Carolina, and I am advised that it is practically full most of the time. Some twelve or fourteen white physicians patronize it.

Of course, many of these institutions are small, but some of them compare favorably with the white ones doing similar work.

The large new Freedmen's Hospital, at Washington, D. C., erected at a cost of over \$300,000.00 may be graded as A No. 1. The Provident Hospital in Chicago stands high. The Douglass Hospital, of Philadelphia, erected and equipped at a cost of \$100,000.00, can be held up as a type of modern hospital construction.

The Tuskegee Institute Hospital receives favorable mention and, when the new \$50,000.00 building now in course of erection is completed, will contend for a place among those above mentioned.

The Hubbard Hospital, in connection with Meharry Medical College, of Nashville, Tennessee, is

under course of construction, at a cost of \$40,000.00. One wing of this excellent structure has been already completed at a cost of \$15,000.00, and for about a year has been successfully operated; and last but not least to receive special consideration is our own beautiful Leonard Hospital, erected and equipped at a cost of \$40,000.00. These are among the foremost; others I might mention, but these will suffice to show what the race has attained in specialized hospital construction.

I have had the privilege of visiting in many of the leading hospitals of the country, which include the General Memorial, Lincoln, Roosevelt, Sloane, Mount Lebanon and Mt. Sinai Hospitals of New York City; Massachusetts General Hospital and the Boston City Hospital in the city of Boston; the large Rhode Island State Hospital at Providence; the Cook County, Mercy, Presbyterian, St. Luke, and St. Augustana Hospitals in the city of Chicago; also, hospitals in Detroit, Michigan; Lexington, Kentucky, and other places. I also have personal knowledge of a large number of those conducted by our people, and I am glad to state that in many of those conducted by our people, the discipline, order, management and class of work done compare favorably with that in many of those mentioned above.

In 1910, at the meeting of the N. M. A., held on the campus of Howard University, Washington, D. C., our committee on Medical

Education, reporting on colored hospitals, said: "The ratio of cures in the colored hospitals is about the same as that in other hospitals," and that "according to the published reports of these various institutions, practically the same results are obtained in the colored hospitals as in the white."

In concluding, the committee further says: "The conclusion to be drawn from the figures is, that equally good results are achieved in the hospitals under colored management; that, even in the poorly equipped institutions in which the hospital force, as was announced in one case, consists of the operating surgeon, an interne, a head nurse, a registered pharmacist, and a matron, abdominal sections and other major operations are undertaken and performed; that, notwithstanding the handicap of poor equipment and the further fact that a number of these operators have had little or no special training in surgical practice and but little hospital experience, a surprisingly large percentage of cures is reported from these institutions."

The moral, educational, and economic valuation of these institutions cannot be reckoned by any kind of pecuniary means. As to the moral value, it gives us racial prestige to be able to possess hospitals to which we may admit those of our number needing treatment, and when such treatment is furnished by members of our race, it strengthens the bonds of racial unity. As to the educational value, our young

women are trained as nurses, and thus prepared not only to care for the afflicted of our people, but to find ready employment in the homes of the white race. They are prepared to spread the gospel of good health and right living in their communities and wherever they go, and thus become a potent factor in improving the social condition of our people.

In our hospitals our young physicians get the advantage of practical training that is indispensable, and our practitioners develop a technique in the management of their cases that otherwise they would not get. Also, the patients who are treated imbibe some of the knowledge of caring for the sick, and go out better prepared to take care of themselves and members of their families and friends.

As to the economic value, little need be said. The average charge in the majority of these institutions where charges are made is \$1.00 per day. No explanation or figuring is necessary to show the great advantage of this over the home treatment both in regard to efficiency and cost.

The hospital in a community acts as a hub from which health influences radiate.

Despite the fact that we are making progress in the construction of hospitals and organization of nurse training schools, there is still a manifest demand for more. We have hardly begun.

The hospital facilities in the South for the accommodation of

colored patients are rather meagre. In fact, it is only in recent years that the Negroes are awaking to the appreciation of the hospital idea. To the great majority of the Negroes, the hospital even now means a sort of charnel-house, something akin to the morgue, a place of last resort, over whose doors is inscribed in letters of mourning: "Those who enter here leave hope behind." And this idea is not monopolized by the ignorant alone. As strange as it may appear, it is shared quite largely by the intelligent classes. Ten years ago there was much evidence of this feeling in the Tuskegee Institute community, both among the teachers and students, and to say hospital or operation to the people of the town or community, meant an insult. Today this is very much changed. There is no trouble in getting the students to enter our hospital for treatment; in fact, there are some who come all too frequently. Even the new students, many of whom have not seen a hospital, come to us, and dare enter with a courage, resignation or bravado that is astonishing, and it is rather seldom now that we get alarming letters from parents to turn their children out of that "horse pittle." Teachers very readily and willingly exchange their comfortable rooms for the environs of the hospital. Families, too, in appropriate and selected cases, accept the hospital suggestion with satisfactory acquiescence; and with reference to the country people, I must confess that I am surprised at the manner in

which many of them yield and adapt themselves to the hospital environment.

The field for colored nurses in the South is far from being filled. At the present rate the different schools are turning out nurses, it will be many years before there will be a surplus. There is comparatively little prejudice against the colored nurse. She may be looked upon as a kind of connecting link between the two races. In a way, she has opportunities in this regard not possessed by members of any other vocation. She is admitted into the homes of the most cultured and refined, and as the trained nurse of necessity has a greater or less amount of education, she is in position to show to these white families, by intelligence and lady-like bearing, that there is education and refinement among the Negroes.

I do not say let us have more medical schools. The three we now have—Howard, Leonard and Meharry—meet our necessary demands. They are doing a great work. Let us strengthen them till they are second to none. But I do say, Let us have more hospitals and nurse training schools, more well-trained physicians and nurses. I put stress on well-trained; for today the world barely tolerates in some quarters the sorry nurse, but there is no place for the sorry doctor. To repeat, we need more who are well fitted to help us in the great warfare of preventative medicine. More and more it is becoming the physicians' duty to prevent

disease. Patients are reporting to the physicians with such questions as: What is my blood pressure? Are my liver and kidneys functioning properly? Is there any indication of cirrhosis or Brights disease? Is there any organic weakness of my heart or blood vessels? And a few days ago I had one to come in and ask "How are my opsonins? I do not feel sick. I simply want to be advised against getting sick." Prophylaxis, or preventative medicine, is the great obligation of the physician of today. The number of preventable deaths recorded against us is altogether too large. The great scientist, Pasteur, has said that it is well within the power of man to banish from the earth all communicable or preventable diseases. The idea is not Utopian. Each year, yea, each day, brings us nearer to the Mecca. But as a race, we are still too far away. A few days ago I noticed in a Montgomery paper that for the week ending April 13, there were twenty deaths in the city of Montgomery, Alabama. I am further advised that the population of this city is about equally divided between the two races. That being true, all things being equal, the death roll should be equally divided, but not so in this instance. Of these deaths, sixteen were Negroes, and four whites. That is, four Negroes to one white died. Worse still, the whites who died were all advanced in years—60, 70, etc.,—practically the natural ending after having served out their three score and possibly ten. With our people, according

to the records, conditions were different. One died at two years, and the majority were 30, 40, and 50—at the very time of life when they were most needed by their families—when they should be most serviceable to the state.

These conditions are appalling! It means that preventable diseases are taking more than the average toll of life from our midst. Of these, tuberculosis typhoid fever, intestinal and venereal diseases predominate. Now, the great and important question is, "What are we going to do about it?" We had as well meet the question fairly and frankly. You well know that in altogether too many instances our sanitation is imperfect, the mosquitoes prevail, house flies flourish by the millions, with very little molestation or hindrance, the appetites prevail over good judgment, and the passions transcend reason. Because of these and other unwholesome conditions people sicken and die. Again I ask the question, "What are we going to do about it?"

## COUNTING THE RESPIRATION

One should never let the patient know when the respiration is being counted, as he will unconsciously either hold his breath or breathe faster.—Ex.

## THE POST HOC PROPTER HOC FALLACY

It is astonishing to what an extent the post hoc propter hoc fallacy

Here at Shaw you are answering the question in a practical, sensible manner. Let these good influences and practical lessons permeate your entire being and become a part of you, so that when you leave here, you will be all aglow and fairly scintillate healthful knowledge.

The Leonard Hospital will aid greatly in extending this work. Your imposing building is a self-advertisement. Your beautiful, bright cheery architecture, nicely furnished rooms, with verdant lawns, sweet-smelling flowers, attractive walks, charming shrubbery and shade trees announce that here is a place not only for those who are helplessly ill, to come and be treated but that it is also a sanitarium founded on a genuine altruism where those who are careworn and weary of the busy world may escape for a while, rest, forget and grow strong amidst the happiness of cheerful surroundings and kind and loving care. Over this door may be appropriately emblazoned in letters of gold: "Enter ye who are weary and heavy laden, and here find rest and health and hope."

prevails in the interpretation of medical data, and is permitted to vitiate the conclusions of medical science. The physician—the trained investigator, even—is, as a rule, a good observer, but a rather loose interpreter of that which he observes. Therefore, for the same given number of similar observations, it takes medical science, as a rule, longer to arrive at a sound deduction than it takes any other applied science.—Ex.

## UTERINE HEMORRHAGE: CAUSES AND TREATMENT

\*By W. W. WOLFE, A. B., M. D.

President, North Jersey (N. J.) Medical Association

It will be necessary to go into the histology and physiology of the uterus for a few minutes in order to get my subject plainly before you. This organ in the virgin condition has a length of about 7.5 cm., width of 4 cm. at its widest part, and a thickness of 2.5 cm.

It is divided into a body or corpus and a neck or cervix and is composed of three coats—mucous or inner coat, muscular or middle, and peritoneal or outer. The mucous or internal coat is covered by a single layer of columnar ciliated epithelium, that extends to the internal os, where the epithelium is of the stratified squamous variety. In the finer division of the coats of the uterus some authorities divide the muscular coat into four layers. There is, first, the layer containing the large blood vessels, spoken of as the stratum vascular, which occupies the largest part of the myometrium; running between this and the mucosa there is a layer whose general direction is longitudinal, spoken of as the stratum submucosum, and an outer layer, running longitudinally, directly under the serous coat and is called stratum subserosum; the irregular fibres between the last stratum and the vascular layer are known as the stratum supra-

vascular. The elastic tissue of the uterus is derived from two main sources; first, the serous coat; second, the blood vessels. In the subserous and supravascular layers the elastic fibres are very rich. They surround the individual muscle cells in the outer layer, forming elastic perimysia. They are not subdivided to this extent in the supravascular layer. Their general direction is toward the endometrium, and as the outer muscular layer is longitudinal, and the supravascular layer is more or less circular, they run at right angles to these muscle bundles. In the vascular layer, the elastic tissue is mostly confined to the vascular channels; in the submucosa there is practically no elastic fibres save in the vessels. The elastic tissues of the subserous and supravascular layers appear as fine, unbroken fibres of a more or less uniform thickness. Many of them are quite straight, especially those taking a centripetal course. In the vascular layer elastic tissue is found surrounding the lymph spaces and capillaries and veins and the arteries of all sizes. Their distribution is quite irregular and the number always small. This is also true of the capillaries. In the veins there is a collection of elastic tissue between the

\*Read before the North Jersey (N. J.) Medical Association, March 4, 1912.

inner and outer coats. It is quite irregular and forms no distinct limiting band as in the arteries.

Peck calls attention to the arrangement of elastic tissue in the uterus as being highly significant. The preponderance of the fibres in the subserous and the supravascular layers, their definite directions—centripetal toward the endometrial cavity, their fine subdivision so that in the outer layers they surround each individual muscle cell—all of this, he believes, shows that they have a very well defined purpose. They serve not only for the support of the blood and lymph capillaries and nerves, but further than this, they reinforce the muscular action of the uterus, protect it from being overstretched, and make easier its return to a passive state after either distension or contraction.

The finer physiology of the uterus embraces the changes incident to puberty, menstruation, childbirth, puerperium, the menopause. Physiologically, the female generative organs, especially the uterus and the ovaries, are peculiar, in that they develop activity later than any other organ of the body; in a measure, they dominate all other organs for a while, and then cease their activity at a time considerably before the effects of age are noted in other parts. The different changes that take place during the various periods in normal uterine activity are appreciable through anatomical alterations, and these effect the several constituents of the uterine wall which have already been described. Before

the age of puberty, the uterus is functionless. At puberty, there begins a development of uterine muscle. Now up to that time, according to some authorities, but one-third of the uterine bulk is muscular tissue, the latter increasing rapidly to puberty, and up to the age of twenty, when the muscular elements constitute fully two-thirds of the uterine bulk.

There is a similar increase in elastic elements and in the vascular supply, which bring the anatomy of the uterus up to that already given of the healthy nulliparous uterus during the child-bearing period.

During pregnancy all the structures of the uterine wall undergo hypertrophy. The elastic fibres, together with the other uterine tissue, increase up to the fourth month. At the latter part of pregnancy the elastic tissue diminishes, but this is more apparent than real, and results from the stretching of the uterine wall. During the puerperium, when all the hypertrophied, and hyperplastic elements undergo involution, there is an actual increase in the number of fibres, which is sufficient to distinguish the parous from the nulliparous uterus. After the menopause, the uterine vessels become diminished in calibre from a thickening of their walls; the vessels show more or less arteriosclerotic changes and have a tendency to approach one another to form groups; that this preservation of the uterine tone is necessary during the menstrual life and that the increase of elastic tissue which accompanies the

diminution of the muscle elements is a provision of nature cannot be doubted. The contractile power of the uterus plays an important part in the phenomena of menstruation, as it does in hemorrhage from the uterus. The powerful influence which uterine contraction has upon hemorrhage from the uterine interior is seen at the close of labor. In normal menstruation, the endometrium plays a passive part. There is no actual rupture of the endometrial vessels but a diapedesis of the menstrual fluid through the thin-walled capillaries of the sub-epithelial capillary net work. The fluid accumulates beneath the epithelium of the endometrium and gradually finds its way out between the epithelial cells or through breaches in the epithelial layer. As this is most entirely a passive process, it follows that the quantity of the menstrual flow is in direct relation to the blood pressure within the endometrial capillaries. The endometrial blood pressure in turn depends upon the force of the arterial supply and the calibre of the venous channels of return. As the arteries have firmer and better defined walls than the veins they are, therefore, less compressible, and the slight contractions of the uterus which occur at the menstrual period narrow the venous but have little influence upon the arterial channels. In this way, there is sufficient disproportion between the inward and outward flow to produce congestion of the endometrial vessels and a resulting diapedesis. The endometrium has

always been regarded as the source of any typical discharge from the uterus whether it be mucus, pus or blood. But some of the late investigators call attention to the fact that the musculature of the uterus—myometrium—plays a large part in producing these symptoms. The lesion consists in an unsufficiency of contractile power, so that the uterus becomes congested and the glandular activity of the endometrium and the normal menstrual flux increase or exhibit some other deviation from the normal. The endometrium itself does not at the present time receive the same importance as a factor in the production of leucorrhea and a typical hemorrhage that it once did. It is claimed now that the seat of a persistent discharge is often from the cervix; that an increased excretory of the endometrium proper may be due not only to actual lesions of the endometrium but also to abnormal states of the uterine muscle. The latter is also true of increased menstrual flow and bleeding between the periods. In diseases of women the most significant of all symptoms is hemorrhage, and while not in itself diagnostic, it is of the greatest value as an indication for an immediate and searching physical examination, both general and local. While women lose more blood from the uterus than any other organism, within certain ill-defined limits, this loss of blood is physiological; and it will be of interest, first of all, to consider the character of the menstrual flow. The time of the onset of the menstrual

function varies widely among individuals. The climate and heredity have much to do with determining the onset; the average age being fourteen years in cold climates and nine years in warm climates. We are all familiar with instances of precocious menstruation. Though it is not probable that menstruation could occur without premature development of the menstrual organs and where this development is not found, the hemorrhage should not be called or regarded as catamenial, unless it recurs at monthly periods.

As to the frequency of the menstrual period, it is stated that the normal type is twenty-eight days. But women are not so regular; there is usually a variation of one or more days. Women menstruate at long or short intervals without ill-effects, providing the quantity of blood lost does not materially lessen their strength. The average quantity of menstrual blood lost in a single period is estimated at about six or eight ounces—the minimum two and the maximum ten. It is plain what may be regarded as normal for one person in quantity may be abnormal in another. A very robust, well nourished woman may menstruate freely for eight days without harm, while an anaemic individual would seriously undermine her health to lose the same amount of blood. It is not practical to measure the amount of blood lost in menstruation. To estimate the amount lost in this way, the number of napkins soiled are counted. The information gained in this way is not

definite by any means, because the size and quality of the napkins vary and one woman will tolerate an oversaturated napkin while another will hardly permit staining. However, there is no better means at our command; and by estimating the usual number at fourteen napkins in the entire period, we arrive at a fair estimate.

The character of the discharged blood varies not only in amount, but in color and consistency; and from these characteristics something may be inferred as to the origin of the hemorrhage. That of the menstrual blood is usually thin and of a bright red to a dark brown color; coagulation is hindered by the alkaline reaction of the uterine secretions. Coagulated menstrual blood is always abnormal. Coagulation may occur in endometritis, uterine fibroids, carcinoma, etc. When the menstrual flow is of a dark brownish red color, it is inferred that the passage of the blood has been obstructed, giving time for coagulation in the uterine cavity. When mucus is very much mixed with the blood, it indicates an involvement of the cervix from cervical catarrh, polyp, carcinoma or sarcoma. Blood of a syrupy consistency is supposed to have remained a long time in the uterine cavity.

Chronic glandular endometritis is characterized by enlargement of the glandular and vascular structures of the endometrium and by consequent excessive glandular secretions, hemorrhage or both combined. From the pathology, it is easy to under-

stand that an excessive flow due to endometritis is mixed with glandular secretions; that those secretions may form a very considerable part of the abnormal menstrual flow; and that in some cases in which the disease is more glandular than vascular, the discharge may be almost entirely leucorrhea composed of vitiated mucus or muco-pus, and slightly mixed with blood. Such a discharge if profuse even though it contains no blood may be quite as exhausting as if it were a pronounced hemorrhage. At one time it was thought arteriosclerosis of the uterine vessels alone would cause uncontrollable uterine hemorrhage, but after a careful review of the few recorded cases, it is shown that arteriosclerosis per se is not sufficient cause of uterine hemorrhage. Extra-uterine inflammation such as ovaritis, salpingitis, parametritis, and perimetritis give rise to pelvic congestion, to a consequent effort of nature to obtain relief by an increased flow. Ovaritis, according to its nature, may increase or diminish menstruation. On the contrary, the atrophic process of interstitial ovaritis or of microcystic degeneration of the ovary tends to induce amenorrhea.

Uterine tumors cause excessive menstruation in greater or less degree, according to their situation. A growth whose origin is near or situated in the endometrium and developing within the cavity may set up a dangerous periodical or constant bleeding; if situated in the uterine wall between the endometrium and perimetrium, it may excite

little more than normal flow; located near the peritoneal layer it may, especially if pedunculated, give rise to no menstrual excess whatever; myoma of the uterus, according as it is submucous, intramural or subperitoneal, may cause little or no hemorrhage. A tumor causes excessive flow in one of two ways. The irritation of its presence may give rise to hemorrhagic endometritis; second, ulceration processes or friability of the tumor itself may cause rupture, of the blood vessels and hemorrhage, the blood coming from the endometrium in the former and from the tumor in the latter. Myomata, being slow to ulcerate and break down, are little liable to bleed per se, but if submucous, they irritate the endometrium and set up hemorrhagic endometritis; cancer and sarcoma not only cause hemorrhagic endometritis, but themselves rapidly undergo degenerative changes and in this way become themselves the source of hemorrhage.

Extra-uterine growths may cause hemorrhage by pelvic irritation and the following congestion to which they give rise.

The displacement of the uterus, and its appendages through traction on the pelvic blood vessels may so obstruct the circulation as to cause venous congestion and a consequent excessive menstrual effort to lessen the quantity of blood in the pelvis.

The complete relief from hemorrhage that sometimes follows the correction of a prolapsed or flexed uterus by means of artificial supports and the prompt return of excessive

menstruation upon the withdrawal of the support, are satisfactory proof that displacement may cause uterine hemorrhage.

Excessive flow may be caused by tents and many other foreign bodies which find their way into the uterus either from therapeutic or criminal motives. They cause hemorrhages by their irritating presence.

Any general disorder that will embarrass the return flow of blood from the pelvic viscera and cause an excessive vascular pressure will cause hemorrhage from the uterus. Some of the conditions that may cause excessive menstruation are: scorbutus, hemorrhagic diathesis, purpura, malaria, lead poisoning, scarlet fever, typhoid and syphilis in the second and third stages and haemophilia.

Croom says hemorrhage associated with such causes is very difficult to treat, because they interact in such a way as to form a vicious circle—the drain on the system from the hemorrhage tending to aggravate the systematic condition which in its turn leads to the hemorrhage. Also, hysteria, sedentary habits, high altitudes, all in greater or less degree, dispose to menorrhagia.

Anaemia, although usually a cause of amenorrhea or scanty menstruation may cause uterine hemorrhage—this is possibly caused by the low specific gravity of the blood, diminished coagulability of the blood, or faulty nutrition of the vessels.

Heart disease, such as hypertrophy, dilatation, mitral insufficiency or stenosis as well as cirrhotic

changes in the liver or kidney are associated usually with such organic changes or function disturbance in the blood vessels as to cause embarrassment of the circulation and hemorrhage in various organs.

Under one or more of the above named disorders, the uterus may become the medium of exaggerated menstruation, since it is the seat of a normal periodic hemorrhage, and, therefore, being predisposed to hemorrhage, uterine moles may occasionally cause uterine hemorrhage, both the fleshy and hydatidiform variety. The fleshy variety when associated with hemorrhage from the uterus may give rise to abnormal signs of pregnancy, but may be recognized upon spontaneous expulsion or removal. The hydatidiform mole is the result of the cystic degeneration of the chorionic villi. It gives rise to pronounced and constant or almost constant hemorrhage and is associated with rapid increase in the size of the uterus, together with the usual signs of pregnancy. The diagnosis will depend upon the expulsion of a part or all of the vesicle. While the hydatidiform mole and the fleshy resemble one another in gross appearance, they have no other characteristic in common.

Holden, in writing on dysmenorrhea, says: Dysmenorrhea may be primary and secondary. In primary dysmenorrhea, the pelvic organs are either normal or else merely poorly developed. In secondary dysmenorrhea, marked pathological changes are present in the pelvic organs. These pathologic changes are the

cause of dysmenorrhea. The most frequent conditions causing dysmenorrhea are: pelvic inflammatory disease, retro-displacement of the uterus, and myomata, especially of the submucous variety.

Primary dysmenorrhea often dates from debilitating illnesses, and is often apparently caused by anaemia, malnutrition and neurasthenia. In a large number of the cases of dysmenorrhea in which the pelvic organs are normal, or else merely poorly developed, successful results may be expected from dilatation of the cervix, and curettement of the endometrium. The presence of anaemia, malnutrition or neurasthenia does not necessarily cause bad prognosis after dilatation and curettement, but in order to obtain a successful result from the operation these conditions must be rectified. If the patient's general condition is not improved, little relief will be given by the operation. The prognosis is better in those cases in which the pains begin the day of the flow or the day before, are sharp in character, and last but a day or two. The prognosis is worse when the pains begin several days before the flow appears, are dull in character, and last for several days or throughout the flow. Every operation should be preceded by careful examination under ether. If the organs are not normal, the prognosis is worse; when the history points to inflammatory troubles, even though none can be recognized at the ether examination, their possible existence should be carefully considered. If in such

cases an exploratory laparotomy is not thought advisable, it is best to limit operative procedure to dilatation of the cervix, and omit curettement. When the pelvic organs are poorly developed, the prognosis for relief after dilatation and curettement is much worse than when the organs are normally developed. Apparently mal-development of the pelvic organs causes dysmenorrhea.

Treatment of uterine hemorrhage.—What has been said in regard to the cause and diagnosis when considered in their relation to treatment should lead to the following general statements with many exceptions.

The treatment of uterine hemorrhage in girls and unmarried women is often that of systemic causes; treatment in married women of child-bearing age is usually that of endometritis, benign tumors or displacements; the treatments of menorrhagia of spinsters is commonly that of benign tumors; and of women between the ages of forty and fifty years, often that of malignant growths or myomata. During senility it is often that of malignant disease.

Palliative treatment of obstinate cases of uterine hemorrhage is often most unsatisfactory. The rational plan will be always to bear in mind the cause, if that is discoverable. The hygienic measure consists of rest in bed during the most excessive part of the flow, freedom from mental disturbance, passive exercise, the use of nutritious diet, non-irritating food, the avoidance of stimu-

lants and residence in a temperate or cold climate.

As the hemorrhage in girls and very young unmarried women is in a very large proportion of cases due to general systemic conditions, it is obvious that uterine examination in such cases should at first be avoided. If the general examination has failed to reveal the lesion or general treatment does not give relief, a pelvic examination then may be the only means of arriving at a correct diagnosis. It does not follow, however, that a minor local disturbance, even though it complicates hemorrhage, should be made the occasion of local treatment. The many drugs that are used in the treatment of uterine hemorrhage you, no doubt, are well acquainted with: ergot, salines, digitalis, cinnamon, hydrastis, etc. Adrenalin chloride, and stypticin or cotarnine hydrochloride are comparatively new drugs and their users are meeting with varied success in the treatment of uterine hemorrhage. My experience with cotarnine hydrochloride is very limited, but results obtained by giving one grain doses three times a day a week before the flow begins and two and one half grains doses every three hours during the worst part of the flow were very gratifying in profuse menstruations.

The hot water vaginal douche and the vaginal tampon are the most satisfactory means of treatment. The intra-uterine injections and intra-uterine application of strong astringents such as the tincture of iodine and iron are used and they in

some cases may be effective but the painful and serious results that sometimes attend these applications bring them into serious objection.

Pollason recommends a plan which he has tried for sometime in the treatment of hemorrhage. It consists in clamping the cervix with a pair of forceps and leaving them in situ for sometime. In this way the uterine cavity is closed at the bottom and the blood accumulates within.

The instrument should not only close the internal os, but should press the sides of the cervical canal for some little distance above the os. If there is thickening of the cervix, then the application is difficult but seldom painful. In his experience, elevation of temperature, injury of the cervix, uterine colic or influx of blood through the tubes into the peritoneal cavity have not occurred.

The checking of the hemorrhage is almost instantaneous.

He used the method in eight cases of myoma, one of carcinoma of the body of the uterus, two cases of chronic salpingo-oophoritis, one case for an unknown cause. In carrying out the treatment the uterus must be pushed or drawn down. The instrument can be left in place from three hours to three days without injury, but usually twenty-four hours are sufficient.

The treatment of uterine hemorrhage by the Mumberg and the Gauss methods and the Roentgen Rays are employed very extensively in some institutions in selected cases, but they are not practical in general practice.

## THE QUESTION OF A LIBERAL DIET IN DISEASE

\*BY D. A. BETHEA, M. D.

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It is generally agreed that there has been less progress made along the line of dietetics than any other branch of medical science. Dietetics has very largely been looked upon as a minor part of treatment. Very little serious study has been given to the subject until recent years. Therefore this has been a favorite playground for the faddists.

Dr. James E. Davis in the Minnesota State Journal, December, 1911, says:

"There is probably no subject that the majority of practitioners must so frequently teach and practise as dietetics, and when compared with other branch subjects of medicine, there can be no question that it is of greatest importance." He says that the correct use of food involves more science than does drug therapy.

Our knowledge of food and nutrition has always been more or less empirical. We advise a starvation diet in disease principally because we have been taught that regimen long years ago. Of recent times there has been a great deal of research work done along this line, which has caused us to take a more common sense view of the subject. Physicians have in time past allowed their patients to die for want of water, air and food. Today there is hardly a disease that is not

treated with a plentiful supply of fresh air; and water is given in abundance in almost all febrile diseases. But it remains to be seen what we will do about increasing the sick man's daily bread. Nevertheless, the straws point towards a more liberal diet for the future.

While there may not have been a great deal written on the question of a generous diet, the idea is by no means a new one. Dr. H. A. Hare, professor of therapeutics in Jefferson Medical College and editor of the Therapeutic Gazette, in his writings has for the past fifteen years advocated a generous diet in disease. One objection that has been raised against feeding a generous diet to the sick is that the digestive system is impaired, especially in fevers when there is a diminished secretion of the digestive juices.

Nicholas, in the July American Journal of Medical Science, showed that from his investigation concerning patients suffering with various forms of acute febrile maladies such as typhoid fever, relapsing fever, tuberculosis, that the average reduction of digestion during fever does not amount to more than five or ten per cent; and he further believes that the diminution in digestive activity is a negligible factor. It seems from this

\*Read before the Vigo County, Indiana, Medical Society, April 23, 1912

that the digestion is not very bad in fevers. This idea of impaired digestion is based on the teaching of long ago when it was thought best to starve out the disease, so the saying, "Feed a cold and starve a fever."

It is in prolonged fevers, especially typhoid, that a liberal diet is needed. Rogers, in the November, 1910, *West Virginia Medical Journal*, says: "More typhoids die, either directly or indirectly, from starvation than from all other causes together. There is no specific for typhoid, so we are compelled to depend upon the resisting power of the patient to overcome the disease. The question is, are we going to help overcome the germs, or are we going to let the germs overcome our patients? If we are going to do the former, then we must furnish a diet easy of digestion, rich in carbohydrates, and a sufficient amount of protein to replace the destruction, and hold our patient in a nitrogenous equilibrium. If the latter, cut off your nourishment, and help to weaken the individual resistance and you have already done it.

The evidence in favor of a generous diet in typhoid is very convincing. Hare says, "Those who have resorted to the administration of a fairly liberal amount of food to patients suffering with typhoid fever, have almost universally been in accord to the effect, and the evil symptoms of the disease during its progress are certainly not increased but if anything modified for better, and furthermore, have found that the patient passes through the stage of convales-

cence more rapidly than a patient who has been on a lean diet. He often fails to have the profound nervous exhaustion and staggering gait which are so commonly met with in patients who have had nothing but milk and broth diet. Indeed the individual who used to be met with so frequently in a stage of profound emaciation after a long attack of typhoid fever, is now comparatively rarely seen if his feeding has been adequate.

There is one disease, however, in which the pendulum has swung too far in the direction of generous feeding. This is in tuberculosis. Men have not stopped with a liberal diet, but they adopted the "forced feeding" idea as a routine. There is just as much harm or more in overfeeding as underfeeding. Royevsky observes (*New York Medical Journal*, May 14, 1911). This disease debilitates every organ in the body, but notably that of digestion; the result is malnutrition and general wasting. The earliest treatment by forced feeding grew out of the erroneous conception of the disease as one primarily of nutrition. Our feeding cannot arrest the disease; on the contrary, it may do much harm. It will over burden the already debilitated digestive organs, or if the digestive organs prove equal to the added strain, the heart may fail to do the increased work, or the kidneys become overworked. While forced feeding is contraindicated in the light of present investigations, yet there is no disease that

needs a liberal diet more than that of tuberculosis.

It has been pointed out that even though we may give a generous diet in such diseases as typhoid fever, and tuberculosis with perfect impunity, nevertheless we will commit a fatal error by giving it in nutritional diseases such as diabetes. This is another instance where there is a great need of a closer study of food principles.

It is a well known fact that in diabetes the patient needs a diet poor in sugars and starches, but rich in fats and proteins. It would seem very unreasonable to cut down the whole intake of food to a minimum, just because the carbohydrates must be omitted. Experience has taught that diabetes patients generally do better on a liberal supply of food other than the carbohydrates, and in some cases it is wise to admit to the diet list even a certain amount of starch and sugar.

Therefore it can be seen from what has been said that a far more liberal amount of food is needed in disease than is usually given. We are a nation of large eaters; our systems are accustomed to a liberal diet in health, hence more food is needed in disease to keep up the body nourishment than would otherwise be required. It is generally agreed that we eat too much in health, yet it does not follow that we should eat nothing when we are sick. It has been shown by experiment that the

beef teas, beef broths and highly extolled meat extracts are absolutely worthless so far as food value is concerned. Cases have been reported where patients live longer on a water diet than those who were given the broths and extracts. The sick should be given some real food during the progress of the disease. He should be fed as liberally as his disease will allow. If one kind of a food is contraindicated, another kind may be given with great advantage. While a man's ailments may not allow him to eat meat, that does not say that he may not eat plenty vegetables, or he may not be able to eat butter, but he may be able to eat lots of fruit, but by all means eat plentifully the kind of food that is indicated.

The standpatters on this diet question tell us that we are taking a great risk in giving much food to the sick; that we may do damages that may cause the death of our patient. Certainly, we admit this, but does not the same thing hold true in drug therapy?

Do we not watch very carefully for the physiological effect of the iodides or the cumulative effect of the digitalis?

If we study our foods and their effect upon the body during disease just the same as we do that of drugs, we will not do harm by giving a liberal diet, for we can detect the untoward effects before they progress very far.

# GEOLOGY AND MEDICINE

By C. W. NAPPER, A. B.

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Modern medicine is calling to its aid contributions from every science useful in its practice. At the first, geology would seem quite remote, but closer consideration will show that geology can assist and is assisting the physician.

These two sciences have one common basis and that is, both are sciences of close observation and correct interpretation of facts. While the subject matter may be mostly forgotten, the training for close application and close observation afforded by geology is invaluable assistance to the student and investigator of medicine.

Especially in smaller communities the physician must drive very much. This is a great opportunity for geological observation and, if pursued just as a "hobby," the physician will find dread and wearisomeness give way to real pleasure and profit. Facts thus picked up and stored away soon become a source of valuable information of great service when occasion requires.

To clearly and intelligently understand a community's state of health the physician must have some positive knowledge of its purely physical environments. He should note carefully the character of surface materials. If bed rock reaches the surface or is close enough to be a distinctive feature he should note its character. Ascertain whether it is

limestone, sandstone, shales or granite. Note how it lies in position, whether horizontally, vertically, inclined or curving. This bed rock may be covered with clay and gravel and this is a good point to keep in mind.

As you drive along note the streams you cross; consider the work they have done in cutting their present course; give attention to the bottoms and the kind of material there.

Become familiar with your community and, if you have well noted these geological facts, quite often the first glance will disclose your patient suffering from the effects of purely natural surroundings which are now very well known to you. Your diagnosis will be greatly aided and, causes known, the remedy will suggest itself.

One of the most important developments in the profession is that of preventative medicine. To ward off disease, to prevent its occurrence and to hinder its spread is now regarded just as highly as the purely therapeutic measures. Geology certainly is of valuable service in this regard.

## LOCATIONS

In the selection of sites for homes and even towns and cities we must not be entirely decided by natural beauty. True it is attractive, but for permanent residence other features must be considered which are

geological in their character and occurrences.

This might almost be called intuitive geology. No individual nor any collection of individuals with the least concern for health are going to live on swampy ground, over undrained basins, or at the foot of slopes where every wash brings and deposits materials which are the sources of infection. Either human ingenuity must be employed to overcome natural conditions or the presence of revolting disease will render such situations uninhabitable or those with a high death rate.

#### WELLS

Water is precipitated to the earth's surface as rain, snow, etc., and is disposed of in one of three ways. Some of it evaporates, one part enters the ground and the other part drains and flows back to the sea.

At this point we are especially interested in that part which enters the ground and becomes "ground water." From this source is derived the water supply for wells and springs.

In its descent as rain, water absorbs carbon dioxide which greatly increases its solvent power. As it percolates through the ground, water takes up in solution various substances and on reaching a well or spring it is charged with materials which, through potable uses, have an important influence on a community's state of health.

This impregnation is the hardness of water, temporary when the dissolved substances can be precipitated by boiling; permanent, when only

chemical means will remove them.

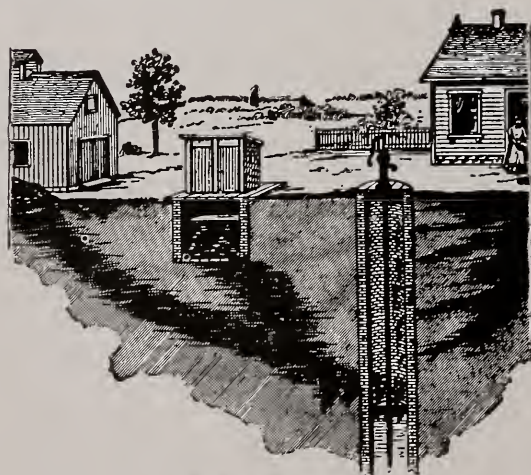
Where the underground sources are reached and tapped we have a well. Pure water is unknown in nature. Therefore, the well may produce water either good or deleterious. Drinking water should be pure, free from disease germs, reasonably clear and with a pleasant taste.

For reasons just given always bear these facts in mind. Never stop with a shallow well, always go deeper.

Unless completely sealed, always build a wall around the top to prevent the entrance of surface wash.

Don't drink from an uncovered well. See to it that all wells are closed at the top, thus preventing the falling in of small animals, dust and dirt.

Don't drill a well just anywhere. Choose its location far removed from all contaminating sources. Be sure to ascertain the underground slopes which may be entirely different from that of the surface.



How Wells are Polluted.

Study the cut; no further argument is necessary. This condition may exist in your community; see

that it is corrected or, at least, give the proper warning.

As a direct example of the relation between geology and disease the use of "spring medicines" will suffice. During the winter months impurities of all kinds are accumulating on the land surface. Thaws and rains of early spring wash into the streams infected material which contaminates the water supply used for domestic purposes and also drunk by animals whose flesh is used for food. Early vegetables are likewise exposed to this danger.

When taken into the system these germs produce their toxins which create the demand for "blood purifiers." Careful diet considerably pursued in the light of these facts will do more to maintain good health.

#### DRINKING WATER

Drinking water has a direct effect on a community's health. Water is the means of the entrance of many deleterious substances in the human system. These substances will be divided into two classes: the inorganic and the organic, and we will now consider the effect of each division.

Inorganic: Waters highly charged with mineral substances will give rise to the deposition in various parts of the body. Perhaps lime, or calcium carbonate, gives the most pronounced effects. Its presence, especially when excessive, predisposes the formation of calcareous deposits, such as gall stones, gravel in the bladder, deposits in the kidneys, etc. In certain sections where the water supply is distasteful and rain

water is used for domestic purposes, we note the absence of the maladies just mentioned.

Organic: Through drinking water parasites and noxious germs are directly taken into the system. The use of infected waters for domestic purposes leaves the way open for inoculation.

Consider this list and proof of these facts.

Typhoid Fever—Caused by a specific bacterium in drinking water. An epidemic of typhoid fever implies persistent contamination of the water supply. Not contagious from contact.

Malaria Fever—Caused by parasite infection through a mosquito bite. Habitat: marshes, ponds, undrained depressions.

Cholera—Propagated chiefly by contaminated water in domestic use. Its prevalence is in direct proportion to imperfect water supply. Percolation of sewage through soil a source. Cholera is not considered contagious from mere contact.

Yellow Fever—Caused in the same way and under the same conditions as Malaria Fever.

Tuberculosis—Diminished by pure water supply and by efficient drainage. Less frequent in high altitudes.

Amoebic Dysentery—Due to a parasite infection from the use of contaminated drinking water.

The diseases just named are among the most destructive to human life. Geology points the way to their amelioration, or extinction,

and in such a practical manner that it can not be ignored.

#### SPRINGS

Where the ground water reaches the surface, when the flow is well defined, there we have a spring. From many qualities and personal choice, spring water is often preferred to well water. Obviously, greater precaution must be employed to prevent contamination and any possible pollution. The observations on well water in this regard are likewise applicable here.

In spring water we have the direct natural evidence of the solvent power of water and also we can gain information of deposits of various substances entirely hidden from observation. As spring water evaporates it may precipitate its dissolved material and thus we are able to quickly and definitely ascertain the character of the material.

#### MINERAL WATER

This brings us to a consideration of mineral waters. Mineral waters are prescriptions filled in nature's drug store. They can be divided into two general classes, for table use and for medicinal purposes.

In the use of spring water in the practice of medicine it will be well to remember these facts.

In rheumatic and gouty disorders large amounts of calcium carbonate will be found detrimental.

In various diseases of the bowels, kidneys and bladder, calcium carbonate is probably beneficial and carbonate of magnesium is even more valuable.

Waters impregnated with iron are

called "chalybeate." At first this kind of water is clear and sparkling, then turns yellow during precipitation of iron material when it becomes no longer "chalybeate." Iron is an essential ingredient of the red corpuscles of the blood; hence chalybeate water is valuable in anaemia and impoverished conditions of the blood.

Carbonated water aids digestion and is used in stomach disorders.

Sulphureted water is valuable in kidney diseases, rheumatism and skin diseases. Also it has laxative properties.

These observations are equally applicable to well water that may be of similar nature.

Doctor, why not use these simple remedies, the results from purely natural conditions? They are nature's gifts and with your knowledge, training and experience they would become valuable in your use.

Table mineral waters are usually selected for their purity, clearness and taste without much or no consideration for any medicinal properties.

Medicinal mineral waters are of three classes—the purgative, the so-called "lithia" and sulphur. The purgative waters are especially rich in the sulphates particularly of sodium and magnesium. Lithia waters were supposed to form soluble compounds within the body and thus remove indurated deposits. They are now known to contain only small quantities of lithium, not sufficient to be of value and are considered more useful as diuretics.

Sulphur waters are closely related to the first classification. Recent observation seems to indicate the presence of radium in many waters and further experiments may show this element in mineral waters very beneficial.

As springs of mineral water are becoming more accessible and facilities are improved for their distant use, they are being more and more prescribed by physicians. They have become additionally valuable agents to the physician in his efforts for better health.

If your observation discovers a spring of well-defined flow, admirably situated with improbability of contamination, have the water analyzed. Right at your own door you may find that nature has given you a very worthy assistant.

In the use of mineral waters the physician who is disposed to commercialism will find a prosperous field. Apply your geological knowledge in searching out a good spring of therapeutic properties. Use the water in your own dispensing. If means will afford, build a health retreat nearby and through your personal direction develop it into a commendable institution. Very few of your clientele will travel farther when you offer effective agencies right in the community. In this country the business in mineral waters has become so large, amounting to \$1,000,000 annually, that this term has come to be applied almost exclusively to medicinal waters considered as an article of commerce. If you are so inclined,

this matter is worthy of your consideration.

#### SANITATION

The concentration of population in large commercial centers has developed the sanitary science. To provide a city with the necessities for continued good health and to effectively and efficiently dispose of all resulting waste involves problems wherein geology must be relied on to do its share.

In towns and cities there can not be much choice in the location of a well. Limited space and increased sources of contamination make pollution more likely. Public wells are even more susceptible. Stop and recall all that has been said, Doctor; the confidence of your clientele positively requires that you should be equally as familiar with causative and preventative conditions as with their distressing results.

These considerations have developed municipal water works systems drawing a general supply from uncontaminated sources or, in addition, including adequate filtration plants. The powers and influence of municipal and state boards of health are constantly increasing. More and more the physician will not only be counted on, but will be relied on, as the greatest factor in maintaining his locality's good health.

In the location of these systems geological knowledge is absolutely necessary. Where the water supply is derived from underground sources the character of the water bearing strata must be known, its inclina-

tion definitely determined and every precaution taken to positively exclude any surface contamination. When the water supply is derived from streams, a complete geological knowledge of the drainage basin must be had, the quality of the water, the amount and rate of flow, knowledge of all tributaries, a careful observation to locate any possible sources of pollution. These, with a general knowledge of the "Lay of the Land," are indispensable.

When several large cities are located consecutively on one stream the question of river pollution is very important. The waste of the city above, if not removed or made less dangerous by various agencies, may seriously affect the health of those localities lower down.

Water falling as rain through the air washes out any impurities held there in suspension. Hence on reaching the earth rain water is not pure water. In its course over the surface to the stream bed it will become further polluted. This may cause the water of the main stream to be charged with disease germs or wholly unfitted for drinking purposes.

By the agency of the useful bacteria and sunlight the contaminating materials are changed successively through the forms of albuminoid ammonia, free ammonia, nitrites, until they become nitrates, which is the final step in complete mineralization of organic matter. If sanitary analysis reveals any of these four forms, then we have positive evidence of previous pollution and of its progress toward complete reduction. Hours of direct sunshine kill large numbers of the disease germs. The amount of chlorine occurring in the water of any locality can

be definitely determined. Any excess of this element over its natural amount can always be taken as positive evidence of pollution that is present or has occurred somewhere in the course of the stream.

From these facts it is easily seen what importance is attaching to a community's water supply, with the clews for the detection of possible sources of infection.

#### POINTS OF LAW

The consideration of geology and medicine is not without its legal aspects.

Riparian proprietors have an equality in the right to a stream. Reasonable use is guaranteed to each one so long as it does not interfere in any way with the rights of others.

He who pollutes a stream or impairs its usefulness can be restrained from causing further damage and also be liable to full remuneration to the other proprietors affected. He who diverts a well-defined stream can be enjoined.

#### BACTERIOLOGY

With the possible exception of surgery, bacteriology is perhaps the most important branch in the practice of modern medicine. It would be interesting to note the influence of various geological conditions upon the growth of bacteria. This is a field to itself and deserving of the closest observation.

The facts that have been given are applicable in everyday practice, and these conditions are commonly met in the experience of every physician. They are worthy of further investigation, and if individual effort in this way can be aroused and directed, this paper will have fulfilled its purpose.

## THE OBLIGATIONS OF HUMANITY TO THE MEDICAL PROFESSION

\*BY JESSE S. SCOTT, A. B.

We shall not attempt to carry you to the stars with oratory, nor lead you through green pastures and beside still waters, nor take you drifting for a while through the land of dreamy prospect, but we shall attempt to awaken you to active determination and strong desire, to swarm the sunlight heights and see the wide-spreading beauties of the promised land which may be yours if you are willing to take possession. We would that we could fan the passion of joy and love and hate into flames and force the color of your cheeks high until every one would feel that he is king, riding an Arabian horse to the jousting.

When aroused from sleep, we are never certain of the exact moment at which we lost consciousness, so it was with the world. She only remembered that for a long time she had slumbered a time spoken of as the "Dark Ages." Suddenly, after a thousand years of night, she was aroused by the light of day, and turning from her stupor, she remembered that she had been dreaming. Her mind was mystified by the name of Dante, and she was filled with stupid delight and astonishment at the work of Raphael and Michael Angelo.

And so the world continued to doze and dream for three centuries,

when the shriek of the locomotive caused her to start with a bound and to look about, still stupified and astonished, to see what had happened. The forms of government have been changed. Human liberty is fast becoming universal, and great institutions of learning have sprung up in every corner of the civilized world. These institutions are filled with men prosecuting new and original lines of thought. The results of their investigations are given to the press, flashed from state to state, continent to continent, and utilized by eager and inquiring brother investigators before the brain of the original discoverer has had time to cool.

Knowledge is thus increased by geometrical progression, and as a result, men now living have seen greater progress in the world than was seen by all the long line of their progenitors. We have already observed in a general way what this progress has been. We shall not stop to consider the influence of railroads and steam ships, the manifold marvels in electrical appliances, the inventions in machinery which have revolutionized trade and agriculture, the discovery of explosives which has made war between civilized nations well-nigh impossible—but content

\*Representing the Medical Department in the Class Exercises at Meharry, March 1, 1912, Nashville, Tennessee

ourselves with a discussion of the progress in medicine and an inquiry into its effects upon humanity.

The work of a physician at best is but patch work. Every patient may be likened to a flame of a tallow candle flickering in the wind. If the physician, by his skill, can keep it from being blown out, in a short time, it will burn down and die of its own accord.

History records no crime, no pestilence, no scourge of any kind that can not be traced to ignorance. We have not yet thoroughly emerged from the "Dark Age." Only the dim morning twilight has broken upon our vision; and the institutions that are sending out over this land intelligent young physicians whose avowed purpose is to carry light into dark places, are the most beneficent gifts that Almighty God has yet bestowed upon a people.

Human suffering is an easy field for quacks who live upon the credulous and the weak. The strongest natures, when overtaken by disease, are easily imposed upon by the confident promise of the restoration to health. The medical profession has waged unceasing warfare against the mysterious, which fools the ignorant and degrades the standard of legal practice. Its history is one of perpetual trial, of suggestions and discoveries, and it is constantly subjecting them all to the severest tests, rejecting the false and adopting the true. It refuses gain which comes with deceit, mercilessly disciplines the offenders against its code. The marvelous advances in the healing

art, by which suffering has been alleviated, life prolonged, and human happiness immeasurably increased, have been due to the conscientious devotion of physicians to that nobler side of their work by which their brethren and the world receive, at once and without hindrance or cost, the benefit of their discoveries.

The history of medicine is the story of civilization. The standard of the profession is the barometer of culture and intelligence of the country. As the Greeks were the most refined and best educated of all the nations of antiquity; as they so excelled in art and literature that their works remain the models for all generations; as they alone of the ancients questioned all things and dismissed what could not be proved, so their doctors became the founders of a medical system which was vigorous enough to outlive the ages and elastic enough to embrace the developments of time. Esculapius, "the blameless physician," in the heroic period made medicine a mystery and became a god; while Hippocrates, in the light of Attic civilization, gave the world in nearly a hundred books the results of all the researches of the past, and is venerated as the "Father of Medicine." During the conquering and barbarous times of the evolution of the Roman, the physician was a slave, but in the Augustan Age he was the honored companion of the Emperor and his contributions led in the advancement of science and discovery. In the dark ages the profession again fell into depths of superstition and was filled

with impostors, but in the glorious awakening and emancipation of the mind which followed the invention of printing, the school of medicine grew to be the noblest department of the university. The progress of science and invention, which is the marvel of this century, is fully equaled by the less heralded advance of medicine. The blameless physician and Grecian deity would find their supernatural powers paralyzed in the presence of one of our final examinations. Hippocrates and Galen would be compelled by our learned faculty to enter as freshmen and take a full course before they could receive an honorary degree. The revolution in the medical profession has been marvelous. No longer are the medical pretenders, such as homeopathists, spiritualists, Christian Scientists, advertising specialists, quackery and the would-be-doctor who, when he sees a coated tongue, prescribes a dose of calomel or when a patient has a chilly back, a dose of quinine—no longer, we repeat, are they given a place among an intelligent people.

The profession before admitting a member to its ranks inquires into his moral character. He must be educated, and must have passed through a thorough training, lasting through a period of years, at a regular medical college, laboring in the dissecting room, in the laboratories, both clinical and bacteriological, on quiz, on lectures, and in his chamber by the midnight lamp. His qualifications must then be passed upon by an austere board of medical examiners.

To remain in good standing in the profession he must devote his entire time to the study and practice of one or more of the various branches of medicine. With the best ideas of all the past ages concerning the nature and cure of disease, he is presumed to be familiar, and of new and valuable discoveries in medicine it is his duty to keep informed. Hippocrates says, "The art is long and life is short."

We do not ask for a more liberal support of the medical profession, but that men may be instructed in nature's laws that disease may be prevented rather than cured. And we plead that men should be taught the value of pure air, pure water and pure food, of rest and exercise, of change of environment; let them never forget that cheerfulness is contagious, and is characteristic of angels, while a grumbler is the devil's own partner. Men should be taught to think pure, healthful, Godlike thoughts, and they will create a condition in which the medical pretender can find no place in our civilization.

When medical aid is required, whom will you employ? The man whose photograph appears at the head of his column advertisement, but who has not seen you and knows nothing of your conditions? The man who has recently appeared in your community as the exponent of the latest medical fad, whose name is ever on the lips of a few hysterical women, but of whose ability you have no valid evidence? The religious fanatic who proposes to cure

your every complaint by prayer, even though you are ignorantly or willfully violating the eternal laws of God? Will you go to those who have no power over disease, or will you go to the trained and tried physician, who is at once your friend, who has shown himself worthy of every confidence, and has devoted years of labor to the study and practice of medicine?

In the face of this revolution in the science and art of medicine and surgery, we are often confronted by the statement that doctors do not cure, and disease still claims its victims among the young and old just as in former years. To this statement an answer cannot be given in a single breath. To the victories over death it is of little avail to add that quinine and mercury control two widespread diseases hitherto frequently fatal; that the plastic surgeon has given health, strength and symmetry to many victims of congenital deformity, or show by statistics that the average length of human life has been prolonged. The advances of the twentieth century have revolutionized the world, and almost every innovation, save those made by medical men, has in itself been favorable to the spread of disease.

In the twentieth century we see an intelligent laity recognizing the placebo of the homeopath and the suggestions of the Christian Scientist as well as of the hypnotist, as a legitimate part of the regular physician's armamentarium.

Who can estimate the amount of suffering saved by chloroform and

ether? Which of you has the temerity to begin the practice of medicine if deprived of the hypodermic needle or clinical thermometer?

What shall we say of the revelations of the microscope? It has given to us the science of aseptic surgery, bacteriology and preventive medicine.

During the pupilage in Edinburgh of the late Lawson Tait, of Birmingham, he saw thirty abdominal tumors removed without a single recovery. If he saw amputation of the thigh on Wednesday there was a strong probability that during the following week he would see the bare bone sticking through the anterior flap. If a breast was removed, an erysipelatous reddening would very probably occur on the following day, and would be half-way around the chest before the week was out, and the wound gapping and everything complicated.

Compare this condition with work you see daily here in our own hospital, where erysipelas, suppurating and gapping wounds would be regarded as criminal, where a wound of the aseptic knife is painless from first to last; where a patient who undergoes an amputation is practically well in eight days, in fact, has never felt sick nor had a degree's rise of temperature, and then ask yourself the question, has aseptic surgery been of benefit to humanity?

Aside from practising aseptic surgery, Meharry has men on her faculty who are brave and daring and courageous and who say that it would be cowardice on their part not

to give the patient the last and only chance for life, and on being called to see a patient whose heart had been punctured, and on another occasion the brain substance injured, made several sutures into the heart, removed the devitalized brain tissue and remarked that they could no more than die, and the patients made splendid recoveries.

The advances of bacteriology and pathology have been of equal service though less apparent, to the casual observer. Moreover, we believe that surgery is almost a perfected art but no matter what its future may be we feel that bacteriology and pathology are yet in their infancy.

The world is indebted to Dr. Ehrlich who by his investigations has discovered "606" which has dethroned from the "bug halls" of fame the *Spirochita Pallida* and hurled it headlong down, down, down thirteen and one-half miles beyond purgatory where it is to be cremated in an everlasting fire.

The promises of the future are too great for us to contemplate. Who would dare to fix the limitations of that most hopeful of all departments of therapeutics—serum therapy? Yet in its infancy, it has reduced the mortality of diphtheria from forty to eight per cent, robbed tetanus, cerebrospinal meningitis and hydrophobia of their terrors, and even promises to wage triumphant battle against typhoid fever.

We are convinced, and it is our purpose to prove, that without the medical profession human progress

would cease, mankind would degenerate and actually lapse into barbarism before the close of the twentieth century. To this sweeping statement many will say that ancient cities and empires with immense populations flourished without the aid of medical men, and the Renaissance of modern Europe culminated in a high state of civilization at a time when medicine was still a crude art. This is true, but no other age in the history of the world has been exposed to such danger from devastating and demoralizing diseases as the present. The great epidemic diseases of the world have been stamped out by sanitation, hygiene, quarantine, and the other departments of preventive medicine. This has been the work of medical men. It is true that much of it is now done by the sanitary engineer, but it is also true that it was the medical profession which first created a demand for the sanitary engineer and his knowledge of the laws of health has been acquired either directly or indirectly from medical men.

Let us review briefly the history of the world's great epidemics, and then imagine, if possible, what these might be if still permitted to prevail with the present methods of travel and increase in urban population.

Smallpox and cholera were unknown in ancient Greece and Rome. They were not epidemic then and no intercourse being held with countries where they were, they had no opportunity to make an appearance. Smallpox is thought to have been first introduced into Europe in the

second century by a Roman army returning from Asia. It spread rapidly, carrying death and devastation wherever it appeared. When introduced into Mexico by the Spaniards in 1520 it is said to have carried off 3,500,000 of the inhabitants in a few months time. In 1734 two-thirds of the inhabitants of Greenland were swept away by this disease. In India it seemed to appear every seven years. In repeated outbreaks in China it destroyed from one-tenth to one-third of its inhabitants. Fearful as were the ravages of smallpox, it is less fatal than the bubonic plague. It is said that "cities were devastated, the country converted into a desert, and the wild beasts found an asylum in the abandoned haunts of man." It appeared in Europe during the sixth century and prevailed for twenty years. It made a second invasion in Europe in the fourteenth century and in a period of five years claimed 25,000,000 victims. In Green's History of England we read, "The sheep and cattle strayed through the fields and corn, there were none left to drive them; harvests rotted upon the ground, and fields were left untilled."

The security which modern hygiene, sanitation and quarantine afford, makes it impossible for us to contemplate the horrors of this disease. Of less importance than plague and small pox is Asiatic cholera, and yet this disease in the present century has counted its victims by millions in oriental countries, and has occasioned no small alarm by its appearance in America.

Typhus, relapsing and yellow fever have slowly and reluctantly yielded to the force sanitation has brought to bear upon them, while typhoid still lingers to remind us that our sanitary practices are yet far from perfect.

We do not believe this picture to be overdrawn nor do we hesitate to affirm that the emancipation of mankind from just these conditions has been the work of the medical profession, and we hold that humanity is under some slight obligation to the medical profession.

Great is the medical profession and very liberal should be its reward.

We are reminded of a story told of three American boys who were traveling in Europe and comparing the countries with those of America. One said: I am glad I was born in a country which is bounded on the North by the Dominion of Canada, bounded on the East by the rough and rugged Atlantic, bounded on the South by the Gulf of Mexico and Mexico, and bounded on the West by the calm and peaceful Pacific.

The second boy said that is not the boundary of the country where I was born; and he said: I am glad I was born in a country that is bounded on the North by the North Pole, bounded on the East by the Rising Sun, bounded on the South by the South Pole, and bounded on the West by the Setting Sun.

The third boy said that is not the boundary of the country where I was born; and he said: I was born in a country whose boundary on

the North is the Aurora Borealis, bounded on the East by the processes of the Equinox, bounded on the South by the Primordial Chaos, and bounded on the West by Judgment Day.

But if I had been there I would not have given a boundary of any country, but would have attempted to give a limitation to the medical profession. I would have said that the medical profession is bounded on the North by the sweet music from a Heavenly Choir, bounded on the East by the Right Hand of God, bounded on the South by the foot of the Immaculate Throne of God, and bounded on the West by Eternal Life.

While we have pointed out a few things which have been accomplished, the Class of 1912 ought

to catch the spirit of progress. There is something for it to do. Remember, that the best history yet remains to be written, and we must occupy a page in that history, for the best things of life have not happened yet, and it is up to each one of us to bring some of them to pass. We ought make a history that should last throughout eternity and build a monument more lasting than bronze, and float our banner more lofty than the pyramids, and when our names are but golden spaces in chronicles gray with age, these banners shall hang out from cathedral arches and our children's children's children, lifted in reverent arms, shall peep through the dim air at their faded colors, and baby lips shall whisper an echo of our work.

### TESTS FOR A PLANE SURFACE

There are many optical tests to detect whether a surface is plane or not, but two of the simplest and best are as follows: Having secured a known plane surface, press the one to be tested lightly against it and hold the two a little oblique to the light from a good diffused source. If the surface tested is a true plane nothing will be seen, but should it be slightly convex or concave, Newton's rings, due to interference, will appear, their shape and size giving a very fair idea as to the power and regularity of the surface. Success in this experiment depends chiefly upon the cleanliness of the surfaces, as the slightest speck of dust is sufficient to prevent perfect contact.—Ex.

### SURGICAL CONSTIPATION

Samuel G. Gant, in a paper read before the medical society of the State of New York, said that atonic constipation and the forms of acute and chronic intestinal obstruction which killed or greatly endangered life were frequently discussed in medical societies and in current literature, but that obstipation of a lesser degree, which impeded the fecal current and delayed evacuations without causing other manifestations than those due to fecal retention, rarely attracted attention. The writer maintained that fifty per cent of his patients treated for constipation suffered from the surgical variety and believed that in twenty-five per cent of all cases of costiveness the trouble was due to mechanical defects.—Ex.

## TUBERCULIZATION OF THE NEGRO

### *A Letter*

By H. J. ACHARD.

(The contents of this letter furnish the justification of its appearance here. The Journal will be glad to publish a reasonable amount of comment on the thoughts here advanced.—EDITOR.)

Chicago, Ill., May 28, 1912.  
Dr. C. V. Roman,  
1303 Church St.,  
Nashville, Tenn.

Dear Doctor Roman:

For a long time I have been intending to congratulate you on the splendid Journal which you are getting out in behalf of the colored medical and allied professions. I enjoy reading the numbers as they come out and appreciate the excellent work which you are doing for your race.

If, after this "pat on the back," you will permit me to make a small criticism, I should like to say something by way of supplementing the remarks of Dr. E. M. Boyle in his fine paper in No. 2 of your Journal, page 124.

The doctor discusses on page 127 the question whether the Negro race is particularly susceptible to tuberculosis. While he is essentially correct, his words, as they stand, are open to erroneous interpretation.

In the days "before the war" pulmonary consumption was so exceedingly rare in colored people that the Negro, as a race, was considered to be immune to the disease, the infectious nature of which was then, of

course, not understood, and it is said, that somewhere in the fifties, if my memory does not deceive me, one case of consumption in a Negro was demonstrated to the physicians in Cincinnati as a curiosity.

All this was changed by the war or rather by the different conditions of life caused by the war and by its outcome. The Negro acquired tuberculosis in its acute miliary form and died of rapid consumption in great numbers; in fact, a slow chronic type of phthisis was hardly known to occur. In the last ten and fifteen years, however, rapid acute cases are less frequently in proportion, and it is often possible to observe cases of the disease that assume the chronic prolonged course with which we are familiar in the Caucasian race. Even today, however, the census reports show that the mortality from tuberculosis is greater among Negroes than it is among Caucasians. Out of 100 Negroes, a greater number become tuberculous and consumptive than out of 100 Caucasians in similar conditions of life, and of all those who had acquired the disease, the mortality is greater in the colored people.

Dr. Boyle is undoubtedly right

when he says that "the various influences operating, either directly or indirectly, potently or feebly, whether within or without the host, the housing conditions, habits, and so forth, must all be arranged to ascertain to what extent they have made predisposition possible in the victim," and this is exactly the explanation that is afforded. Before the war the Negro was, as a rule, well taken care of, because he represented an investment in money, and represented a definite monetary value. He was housed and clothed and fed, was attended to by physicians when ill, lived almost entirely in the open air and was obliged to maintain a certain degree of cleanliness. All these comparatively favorable conditions obtained, Mrs. Harriett Beecher Stowe's "Uncle Tom's Cabin" to the contrary, notwithstanding.

After the war all this was changed. The Negro, who was almost entirely uneducated, had been made a free man and could follow his own sweet will. It stands to reason that after the conditions of enforced work which had prevailed before the war, this sweet will would first of all lead him to indulge in *dolce far niente* and in taking an unaccustomed rest from the labors of the past years. Unfortunately, this prolonged rest did not keep the pot boiling, nor did it keep the cabin clean and the rent paid, and that proportion of the race that had no desire to improve its conditions soon descended to a mode of living that you know perfectly well to have been and to be horrible. Dirt, irregular living, alter-

nating between stuffing and starving, excesses of various kinds, often indulgence in alcohol, crowded, unventilated quarters and insufficient clothing—everything contributed to lower the physical standard of the unfortunate Negro, and to make him a ready victim to tubercular infection which took terrible toll from the race.

This was the more easily possible because your race had not, like the white race, become accustomed to the disease through centuries of continued tuberculization. In the white race consumption is as old as its history and in the many generations a racial resistance to the disease has developed, which makes the tubercle bacillus far less harmful than it was formerly when tuberculosis was as vicious and fatal a disease as are now scarlet fever, diphtheria or smallpox.

Take the Jew as a race because Dr. Boyle mentioned him. The doctor would find contributions to literature from the pen of Dr. Maurice Fishberg of New York of great interest in this respect. Fishberg has explained in a number of articles which mostly appeared in the *Medical Record* (for instance of 1907) that the Jewish race has for centuries lived in crowded, unhygienic, filthy quarters; that is, has become urbanized long since, and the Jew has paid his toll to infectious diseases, acquiring in return resistance to them so that it is hardly ever possible to observe, for instance, a case of acute tuberculosis in the Jew, as the disease assumes almost always a

slow and protracted course, more so than in the Gentile, and fibrous healing is frequent.

Here then we find, what is to my mind, a most important explanation of the relation of the Negro race to tuberculosis. The Negro readily became tuberculized owing to his mode of life which is unfavorable in many things and in many respects. He is frequently exposed to infection and has not the same resistance to the disease that the Caucasian enjoys. Therefore he is more susceptible to its ravages and it will take him generations before he will be able to resist the disease even as well as his white brother.

My dear doctor, I did not write this in any caviling spirit. I wish you would send my letter to Dr. Boyle if you will, and let him tell me if he differs from my position in the matter. I have given this problem a good deal of thought while in Asheville, N. C., where I spent three

years in the exclusive study of tuberculosis.

If my opinions may help Dr. Boyle to a clearer understanding of the problem of the Negro race, it will please me. Your race will not have to pay the terrible price for tuberculization that the Caucasians had to pay, because you have the benefit of modern research in immunity and in immunization; you profit from modern endeavor in sanitation, and you have the advantage of a comparatively large number of men who are far ahead of the rest of the race in their development, and in their striving and endeavor, and who are lifting their race, and aiding them to a better position in life. The evolution through which your race is passing will require decades where it took centuries for the white race. The results will mature far more rapidly and will be more prompt and more emphatic.

A century ago every physician believed that he was a physician in order that he might cure a man when he was sick, and he believed that this could be done with medicine. There was no science in the application of drugs by the total profession, and consequently the failures ultimately resulted in doubt. Later, surgery developed, and then every measure was taken to make surgery cure disease, and for nearly fifty years no study was made of therapeutics that was at all commensurate with the importance of this branch of medicine.

The work done in surgery has been essentially important, but the

enormous truths of therapeutics are yet by the mass of the profession untouched. It seems to be as clear as day to those of us who study therapeutics that the practice of medicine as a profession has no right to an existence if it does not consider the means by which the sick are relieved—are restored to health—by which disease is overcome. What can the profession accomplish by failing to thoroughly, persistently, systematically and scientifically study the action of drugs? No gain, all loss.—Dr. Finley Ellingwood.

## ETHER ANESTHESIA

\*By W. H. AMBROSE-BARRETT, M. D.

KEYSTONE, WEST VIRGINIA.

Ether was first made use of as a general anesthetic by Dr. Crawford Williamson Long on March 30, 1842, and in no branch of medicine has there been more improvement than there has been in the use of this drug in the manner named. Surgeons of today are more and more evincing a general desire to have men particularly trained in the handling of ether to anesthetize cases for their operations. As a result of this the more important hospitals of this country have recently made provisions for the employment of expert anesthetists who have made a special study of this science and whose duties consist of nothing else but in giving anesthetics.

I wish to digress slightly for the purpose of paying tribute to Dr. George W. Davis of Freedmen's Hospital, Washington, District of Columbia, whose original work in the administration of ether has brought forth flattering remarks from some of the leading surgeons.

In this paper I shall endeavor to give what has been my personal experience in administering ether as a general anesthetic to over two hundred cases in Freedmen's Hospital, Washington, District of Columbia; Harrison's Hospital, Kimball, West Virginia, and Mercer Hospital, Bluefields, West Virginia.

In my series of cases the "open" or "drop method" has been my choice. With this method I have managed to dispense with the well known exciting period in about eighty per cent of the cases and only when in dealing with chronic alcoholics was there much trouble encountered in this respect.

As a preliminary step, half an hour before the time fixed for the operation, the patient is given Morph. Sulph. Gr.  $\frac{1}{4}$  and Atrop. Sulph. Gr. 1-150 hypodermically. This is for the purpose of antagonizing the irritating effects of ether on the respiratory mucous membrane and preventing the formation of an excessive amount of mucus, which is the prime cause of gagging. This combination also exercises a stimulating effect on the respiratory apparatus and on the heart and neutralizes the depressing phenomena brought about by an excessive amount of ether. It moreover acts as a marked deterrent to post-operative vomiting and its disastrous results.

If the patient is able he or she is made to walk into the operating room and mount the table without assistance. All foreign bodies especially artificial teeth and chewing gum, are removed from the mouth.

I prefer not to fasten the hands loosely across the chest as is the

\*Read before the West Virginia Medical Society at Huntington, West Virginia, June 7, 1912.

general custom, but usually have the nurse to hold them at the patient's sides, care being taken not to let them fall over the edges of the table which may bring about musculo-spiral paralysis. My reason for not fastening the patient's hands across the chest is that in my opinion there should be the least pressure of any kind on the chest for fear of disturbing respiration.

The cone which I use is a modification of Ferguson's inhaler, and was devised by Dr. R. C. Harrison, of Kimball, West Virginia. I have this cone for demonstration, and as you will see, it is made up of an ordinary chloroform inhaler plus a wire frame. This apparatus fits the face in such proportion as to enable an adequate amount of air to be taken in with the ether.

The ether is put into a bottle which is capable of holding 100 cc. The bottle is fitted with a grooved cork and with a slip of gauze placed into this groove, the drops are easily regulated.

The patient being on the table—in case of abdominal operations—is placed in the "Trendelenberg" position before the administration of the drug is begun. The inhaler is now placed in position and the anesthetist begins to make suggestions and such little remarks as will inspire confidence before starting the drug. This little procedure I have found to have a very quieting influence on the nervous and apprehensive subject.

When the patient is perfectly quiet the etherization is begun by almost imperceptible degrees, the

anesthetist in the meanwhile still keeping up his suggestions. The drops must now gradually be increased as to size and frequency, care being taken to be very cautious in this increase.

After a little while the patient may get a little bit restless, which is a sign for lifting the inhaler from the face for a few seconds and then quickly increasing the amount of ether.

As soon as relaxation begins to take place, hold the jaw well forward and still further increase your ether. Now keep your drops up regularly until complete relaxation takes place which is usually the time when the patient ceases to swallow. In case of patient where abdominal breathing is undesirable, or where the operation is in connection with a very sensitive part of the anatomy, etherization will have to go a step further, guided, of course, by the judgment of the anesthetist; otherwise, I have found that the stage of anesthesia indicated by the cessation of swallowing is quite deep enough for a large percentage of surgical operations. To keep the patient at this point of anesthesia it is only necessary to administer from 20 to 25 drops a minute and as soon as the surgeon begins to close up it is enough to give from 10 to 15 drops a minute. It will be found by this method that the patient is wide-awake by the time the bandages are adjusted.

As an afterthought I may add, that it is never at any time necessary to instruct your patient to breathe

deeply, for this is apt to produce a sense of suffocation which will cause the patient to struggle.

I have been able in my experience to keep a patient under surgical anesthesia for two hours and fifteen minutes by the drop method and use only 200 cc. of ether during this time.

Operations near the diaphragm are prone to cause irregular respiration, which may be mistaken for a call for more ether, but as a matter of fact all that is necessary in such cases is to remove the mask from the face for a few seconds and give the patient more fresh air. This phenomenon is particularly referable to work on the gall-bladder and sometimes to operations on the sphincter ani.

In my experience the eye gives little or no indication as a danger signal by reason of its response to the morphia and atropin given as a preliminary; it is better to rely on the respiration, the color of the blood, and the condition of the pulse. In light complexioned people excessive lividity of the skin is important.

Ninety per cent of the patients who are fit for operations are capable of taking ether, for in fact when the "drop method" is used the contraindications of its use are few, the chief ones of which are: acute colds,

marked stenosis of any of the heart valves, and marked aortic regurgitations.

Pulmonary tubercular cases stand the drug very well as also chronic bronchitic cases. I have had no serious disasters following its use in cases where there were slight albuminuria.

To sum up the beneficial points gained by using this method there is, first, the time gained in getting patients under the influence of the drug, usually from five to ten minutes; secondly, the prevention of gagging and vomiting; thirdly, the small amount of ether used; fourthly, the quickness with which patients recover from anesthesia. These factors combined must necessarily act as a prophylaxis against shock and other post-operative disasters.

The results in my experience have been very gratifying with reference to these troubles, and I cannot recall a single case where death was due to the anesthetic.

My experience along this line further goes to prove that in giving anesthetics the benefits derived from text books are over estimated and while one should be proficient in the theoretical part of this work it is necessary to actually handle the cases before an intelligent and material idea of the science of anesthesia is thoroughly understood.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

### The Journal

WE INVITE the most critical examination of this and the preceding numbers of the Journal, both as to literary and scientific content as well as to mechanical make-up. We ask this of every member of the National Medical Association and of every one who should be a member of that body. We ask every one who may see these lines to examine carefully the object of the National Medical Association as stated on the outside of the cover, and if you think the object worthy and the means creditable LEND US A HAND. The difficulties of the Journal are the difficulties that ameliorating enterprises usually face—the inertia of the mass and the indifference of the individual. “What is everybody’s business is nobody’s business” is the crystallization of the world’s experience. It is a sad fact

that what ought to interest everyone seems to interest no one. This is not all. The person who undertakes movements for the public weal loses popularity if he does not incur suspicion and opposition. The Journal staff has been working zealously and unselfishly for nearly four years to establish what appears to them an absolute necessity. **WON'T YOU HELP?** Help by subscription, by solicitation, by contribution, by criticism.

We have met with much encouragement and a measure of success, but the goal is far distant and the load is heavy.

Won't YOU lend a hand?

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**T**HE EDITOR hereby acknowledges his deep gratitude to the physicians of Kansas City for their many courtesies and kindnesses to him while a visitor in their city, and regrets his inability to attend the Missouri State Meeting and accept the proffered hospitality of the profession in St. Louis.

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### A Notable Paper

**W**E CALL especial attention to the paper of Mr. C. W. Napper, "Geology and Medicine." It is a layman's contribution to medical literature.

Mr. Napper is a successful business man. He is a graduate of the Ohio State University and a good illustration of the college man in business.

His paper was written at the editor's solicitation.

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### Preventable Diseases

(A Suggestion)

**W**HILE prophylaxis and immunization are old ideals in medicine, modern practice has emphasized their desirability and quickened the pace towards their attainment. But much remains to be done. A large percentage of ou

mortality is from preventable diseases. Typhoid fever, cholera, yellow fever, malaria, pneumonia, syphilis and tuberculosis form a devastating army whose false claims to invulnerability modern medicine has exposed. Yet their conquests continue. WHY? Men will not utilize what they know—conduct refuses the guidance of knowledge. People know what is true without doing what is right. Morals must walk hand in hand with intellect before mankind will find rest and security in wisdom's counsel. The fruit of the tree of knowledge will seldom bless the selfish and never the vicious. The forces of sanity and righteousness must co-operate if men are ever to be free—free from disease and pain as well as from "Man's inhumanity to man." Self-interest is the only dependable ground upon which to predicate human action.

If each physician were to tabulate carefully the preventable deaths in his practice, and once or twice a year or oftener show through the public press, or from the platform, how these deaths could have been prevented, he could eventually interest the thoughtful members of his community in preventive medicine to the extent that they would be willing to pay for hygienic and sanitary advice—to spend their money for the PREVENTION rather than for the CURE of disease.

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### Longevity

**T**O LIVE is to share the universal benediction of animated nature—conferred alike upon man, the rosebud and the meanest worm that crawls. To neglect or disparage our physical life is treachery to our being—a treachery that man alone of all animated creations is guilty of.

People that die prematurely die in debt to civilization. A high death-rate is a social deficit to a people—even if compensated by a high birth-rate. The struggle for the perpetuity of the species exhausts its energies and precludes

improvements. Longevity of the individual means the improvement of society. Endurance is better than strenuousness. The present high death-rate of middle life does not augur well for society. While the average duration of human life in civilized countries has been greatly lengthened in the last fifty years, yet there are actually 17 per cent more deaths between the ages of forty and fifty than there were a generation ago. This is an unwelcomed fact, explain it how we may.

It is well to keep up the fight against infections and contagions and infant mortality, but we need to give more attention to the prophylaxis of degenerative diseases. Bright's disease, arteriosclerosis, apoplexy, paralysis, *et id genus omne*, have shown no abatement under our increased medical knowledge. Pneumonia has apparently increased its virulence.

Whither are we going?

“ 'Tis to no

Purpose one plays the eaves-dropper about Fate's door,  
The servants there are incorruptible,  
And will not sell one secret of the world.”

Whither are we going? The medical profession should find an answer.

### What's in a Name?

“WHAT'S in a name?” is a phrase that is oft repeated. In the American drug market it seems there is a good deal in a name, as the following table of values will show:

TRADEMARK NAME	PRICE	CHEMICAL NAME	PRICE
Aspirin.....	\$ 4.40 lb.	Acetylsalicylic acid.....	\$0.65 lb.
Veronal.....	21.00 “	Diethylbarbituric acid.....	5.76 “
Heroin.....	8.00 oz.	Diacetyl-morphine.....	3.55 oz.
Aristol.....	fl 55 “	Thymol-iodide.....	.34 “
Sulphonal.....	1.15 “	Sulphonmethane.....	.14 “
Trional.....	1.30 “	Sulphonethylmethane.....	.24 “
Duotol.....	1.25 “	Guaiacol carbonate.....	.16 “
Urotropin.....	.60 “	Hexamethylenamine.....	.04 “

(See Editorial, July Clinical Medicine.)

## Medical Mysticism

WORDS are signs of ideas, and whether written or spoken should convey a distinct impression to the mind of the reader or hearer. These impressions must be orderly in arrangement and logical in sequence to make the words worth listening to or worth reading. This is a fundamental requirement of language in general, and medical language in particular.

One of the most flagrant violations of this primary requisite of sound reasoning I ran across in the columns of one of our best medical journals. The writer begins the discussion of "Safe and Sane Anaesthesia" with the following mystical paragraph:

"A great deal has been written on the use of chloroform for anesthesia, and in my opinion and experience it is the safest of all the volatile anesthetics. When trouble occurs, it is usually because the physician or student ignores nature's law and hurries the patient into too sudden submission to unconsciousness. They overlook the fact, or never knew it, that the soul's correlating corpuscular energy must first become unified before it submits to physical unconsciousness. We must recognize that the soul is a partner to each individual corpuscle, and the soul's relation to the spirit of man agrees to submission before physical unconsciousness can take place."

What does the latter part of this paragraph mean?

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## A New Phase of An Old Subject

FEW HUMAN problems are older than "what shall we eat and what shall we drink?" The old anatomists rightly called the digestive tract the *prima via*. Modern cold storage has given a new turn to this old subject. There are two interesting phases of the question both of which are of interest to the physician; the first, personally; the second, professionally.

I. The price of food is of interest to all citizens, doctors included.

The benefits of cold storage are two-fold: it widens the

marketable area of perishable products and lengthens the time of their availability. The cheaply raised mutton from the plains of Australia may be marketed fresh in the crowded streets of London, and the early vegetables of Southern California may enrich the menu of the New England dining rooms. Fresh eggs may be had the year around and fresh fruits in every season.

In this, however, as in many other things, the greed of the few has worked harm to the many. If every one were satisfied with enough there would be enough to satisfy every one. The facility with which food may be kept for need led to its being kept for greed. The markets were cornered and once more the blessed discovery of science contributed to human oppression. Cold storage helped high prices. Ambition, however, frequently overleaps itself and greed defeats its own aims. Cold storage delays but does not completely arrest organic change. Foods preserved too long in cold storage lose their savor, hence the "cold storage taste" has become a recognized sensation upon the palate of mankind. This has naturally led to the other phase of this subject.

II. Are foods which have been subjected to cold storage wholesome? This is a hygienic question of profound interest to the medical profession. The matter is still *sub judice*, but the following facts seem clearly established:

1. Cold storage is one of the comforts and securities of civilization. It is an addition to the vital resources of the people and has come to stay.

2. The advantages are permanent; the disadvantages are temporary, and may be eliminated by regulation.

3. The condition of food coming out of cold storage is greatly dependent upon the condition when it entered cold storage. Organic change is simply delayed, not inhibited thereby. Refrigeration will not compensate organic defects—conservation not regeneration is its function.

4. A food product held in cold storage is never just as good as the perfectly fresh article, other conditions being

equal. At first its palatability rather than its wholesomeness is affected.

5. A careful consideration of all the evidence seems to warrant the conclusion of the Massachusetts Commission that "on the whole, prolongation of cold storage beyond one year, even under correct conditions, appears to be undesirable and prejudicial to the public health."

(See Editorial, Journal of A. M. A., June 29, '12.)

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WE NOTE with a great deal of surprise the newspaper reports of the resignation of Dr. D. H. Williams, one of the founders and trustees of Provident Hospital, Chicago, from the staff of that institution. We are not acquainted with the merits of the case, but of one thing we feel sure, that Chicago is large enough to take care of both Dr. Williams and the hospital; we were interested in them together; we will continue to be interested in them separate; and wish for them separate the same success that they enjoyed together.

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### Motives and Reward

THE MOTIVES that prompt men to do things don't always stand a searching analysis; they frequently manifest an intense interest in things and movements with seeming unselfishness. But too often they have an eye or perhaps both eyes on a distant reward; and just as often, if they are unable to grasp the reward, the interest in the thing or movement dies. This is just a fling at some of those who have chased the presidential bee. It is more than a coincidence that defeated candidates for the highest office in the gift of the Association seldom manifest sufficient interest in the organization to attend subsequent meetings. This fact alone is proof sufficient that such a candidate should have been defeated. It is not the policy of this Journal to sing the praises of any man, but it is worthy of mention that although the present president of the Association was more than once a candidate for the office he now holds yet his interest in the affairs of the organization never wavered; and one could depend upon seeing him at each session of the Association. An unselfish man is always happy; and he grows in the estimation of his fellow men; and reward is sure to come to him.

# SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;  
The language plain, and incidents well linked;  
Tell not as new, what everybody knows,  
And, new or old, still hasten to a close;  
There, centering in a focus round and neat,  
Let all your rays of information meet."

## Puzzlers

Where can a man buy a cap for his knee?

Or a key for a lock of his hair?

Can his eyes be called an academy,

Because there are pupils there?

In the crown of his head what gems are set?

Who travels the bridge of his nose?  
Can he use, when shingling the roof of his mouth,

The nails on the ends of his toes?  
What does he raise from a slip of his tongue?

Who plays on the drums of his ears?  
And who can tell the cut and style

Of the coat his stomach wears?  
Can the crock of his elbow be sent to jail,

And if so, what did it do?  
How does he sharpen his shoulder blades?

I'll be hanged if I know—do you?

—Boston Evening Transcript.

## May Catch Them Later

(Kansas City Journal.)

Thelma Smith, a little Eastside girl, has heard a great deal about the danger of contracting disease from handling articles belonging to others. She has been taught that she must not use the brushes and combs of other members of the family.

On one occasion the little tot was found industriously lathering her face with her father's shaving brush. She was duly reprimanded and told that she should know better.

"What will I catch, mamma—whiskers?" inquired Thelma anxiously.

## Osculation Wisdom

A man kisses a woman first reverently, then passionately, then tenderly, then casually, and then dutifully.

\* \* \*

The man who kisses a girl at the first opportunity is a fool; the man who waits for the second is an optimist; the man who waits for the third a philosopher; the man who waits for the fourth is a speculator, and the man who waits any longer is a freak.—A Batchelor Maid's Reflections.

## Title Was Inadequate

Uncle Harris, the old Negro servant of Col. Slemmens of Monticello, Ark., approached the Colonel one morning and said:

"Could you lemme look into yo' dictionary a minute, Kuhnel?"

"Dictionary," replied the Colonel, "what do you want with the dictionary?"

"Well," replied the old darky, "I jes want to find a couple of words to add to my lodge-office title. Dey done chose me last night, to be gran' high most worthy exalted imperial plenipotentiary, but it strikes me dat sounds jes' a little bit cheap."—Louisville Post.

A scientist in Paris claims to have discovered a sugar-secreting germ which he calls a "glycobacter" and which, he says, if introduced in the colon, will destroy the old-age germ and prolong life. It is to be hoped that the glycobacter will prove practicable, but one should be cautious about monkeying with his colon, lest he come to a full stop.—Nashville Democrat.

### Something Tasty (New York Press.)

A mission worker was much interested in a lad in one tenement who was convalescing from a prolonged illness. On one visit to her small charge the worker carried with her a quantity of fine fruit for the lad, but this, to the astonishment of the big-hearted visitor, the father of the boy received with a somewhat dubious air, exhibiting absolutely no appreciation of the offering.

When next the good Samaritan came to the tenement she naturally inquired of the father how the boy had enjoyed the fruit.

"Pretty well" was the curt answer.

"I presume he ate most of it."

"Yes, he got away with it all right," said the parent carelessly, "but miss, that boy is like me. He don't care for no dago fruit. He likes something dainty and tasty—for instance, pigs' feet."

### The Good Old Way (St. Louis Globe-Democrat.)

The Countess of Warwick, advocating votes for women at a dinner in New York, smiled and said:

"The old-fashioned, Victorian idea that only bluff, masculine, coarse things are worth while is dying out. The world realizes today that women—and men as sensitive and refined as women—also have their place.

"The old-fashioned preference for the bluff and coarse reminds me of a sea captain. This sea captain caught a sailor one morning cleaning his teeth with a toothbrush. The old man seized the brush, snapped it in two, and tossed the pieces overboard. Then, his eyes flashing fire, he said:

" 'What are ye tryin' to do—corrupt the ship with this here effeminacy? Cleanin' yer teeth with a toothbrush! Why, ye swab, don't ye know that when an honest sailor wants to scrape the tobacker off his grinders he does it like a man, with a marlin spike or a link of chain cable dipped in cinders outen the cook's galley?' "

### Subject to Attachment

A Chicago business man wrote his Wall Street lawyer asking information touching the standing of a person who owed him a considerable sum of money for a long time.

"What property has he that I could attach?" was one of his questions.

The lawyer's reply was to the point.

"The man to whom you refer," was the answer, "died a year ago. He has left nothing subject to attachment except a widow."—Hampton's.

### Managing Editor's Song

How dear to my heart is the steady subscriber,

Who pays in advance at the birth of each year;

Who lays down his money and offers it gladly,

And casts 'round the office a halo of cheer!

Who never says, "Stop it; I cannot afford it!"

Or, "I'm getting more papers than I can read!"

But always says, "Send it; the family all like it—

In fact, we think it a household need!"

How welcome he is when he steps in the sanctum!

How he makes our hearts throb! How he makes our eyes dance!

We outwardly thank him—we inwardly bless him—

The steady subscriber who pays in advance.

— Exchange.

### His Letter of Recommendation

Bridget left Ireland with an excellent letter of recommendation from her last mistress, but on the way over the letter fell into the sea and was lost. Not knowing how to find work without her recommendation she appealed to a friend to write one for her and he gave her the following:

To the General Public:

Bridget Flaherty had a good reputation when she left Ireland, but lost it on her way over.

## N. M. A. COMMUNICATIONS

### THE OBJECTS OF MEDICAL SOCIETIES

\*BY MARY E. BRITTON, M. D.

The social side of the meeting is all right in its place, and tends to promote a friendly relation between members of the profession, by removing petty jealousies that seem so prevalent, but we must avoid making it the prime object of our coming together.

Education of the members of a society in that which relates to their work, is the most worthy object of organization, and it is an object which calls forth that quality called "sticktoitiveness;" and the one who does not possess it must cultivate it. Medicine is a progressive science, and, until all Nature's secrets are learned and perfection is attained, it will continue to be a progressive science. In no other profession is it necessary so constant to study as in medicine.

The medical men of old were governed by the theory in much that pertains to the profession, but now the place of theory is being filled by facts, as a result of patient and painstaking work in the different scientific laboratories; and the greatest stimulus to others for

study and investigation comes from association with students and investigators.

The man who is content to withhold his membership from a medical society, when it is convenient to join one, and work alone from day to day, will, in spite of himself, become narrow, get into a rut, as it were, and allow his professional horizon to extend only to the narrowed confines of his circumscribed conceptions of medical life.

The meeting together in medical societies makes physicians broad-minded and liberal toward the views of others. By this mutual contact, the average individual will recognize the abilities of others, as well as discover his own shortcomings. Nothing so knocks the conceit out of a man as association with men of the profession to which he belongs, who meet to discuss scientific and allied subjects that affect them and their work. A realization that others know as much as he, will stimulate him with the ambition to progress, for progressive men belong to societies of their profession.

\*Extract from report read at Kentucky State Meeting at Covington, May 9, 1912.

## THE 14TH ANNUAL MEETING N. M. A.

The fourteenth annual meeting of the National Medical Association will be held at Tuskegee Institute, Alabama, August 27, 28, 29, 1912. Excursion fares to Tuskegee, Alabama and return, on account of the above mentioned occasion, are granted.

The Southeastern Passenger Association has granted and published rates for the fourteenth annual meeting of the National Medical Association. These rates apply to the following states: Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and from the following points in other states: Washington, D. C., Cairo, Illinois, Evansville, Indiana, Cincinnati, Ohio. Persons who come via Washington, D. C. are advised to communicate with Dr. A. M. Curtis, 1939 Thirteenth Street, N. W., Washington, D. C., or Dr. G. W. Cabaniss, 1744 K Street, N. W., Washington, D. C., who have made arrangements for special Pullman cars. Others along the line of the Southern Railway and its connections are advised to do likewise.

Tidewater, Virginia and adjoining sections may communicate with Dr. D. A. Ferguson, First and Marshall Streets, Richmond, Virginia, for the purpose of forming a party for special car. West Virginia delegates can arrange to join the Washington party at Charlottesville, Virginia, or purchase tickets

from the nearest Virginia point from which excursion tickets will be sold.

Those in the vicinity of Nashville will do well to communicate with Dr. C. V. Roman, 1303 Church Street, Nashville, Tennessee, and Dr. A. M. Townsend, 537 Main Street, Nashville, Tennessee, who are arranging for special cars from that city.

Please take notice that Cairo, Evansville and Cincinnati are the only points mentioned in Illinois, Indiana and Ohio, to which this tariff applies. Persons in these sections and beyond may be governed accordingly.

Those desiring to come from the West and Southwest, may secure rates from the nearest points in the states where rates are granted; as for instance, New Orleans, Louisiana, Memphis, Tennessee, and points in Mississippi.

Some of the other points from which parties are forming for special car privileges are Dallas, Texas; Louisville, Kentucky, and Chicago, Illinois. For further information along these lines, address Dr. R. T. Hamilton, 595 Elm Street, Dallas, Texas; Dr. A. W. Williams, 3255 State Street, Suite A, Chicago, Illinois; Dr. J. A. C. Lattimore, 1502 W. Walnut Street, Louisville, Kentucky, and Dr. Mary E. Britton, 545 N. Limestone Street, Lexington, Kentucky.

TICKETS ON SALE AUGUST 24, 25, 26.

FINAL LIMIT TO REACH ORIGINAL STARTING POINT RETURNING—Not later than midnight of September 1, 1912.

STOP-OVERS.—Stop-overs will be allowed in accordance with the regulations contained in the tariffs of the carriers over whose lines the tickets

read, as lawfully on file with the Interstate Commerce Commission.

Trains run directly on to the campus of Tuskegee Institute. Special cars are here side-tracked till convention ends and delegates are ready to return.

Below we append the return trip fares from some of the principal stations in Southeastern Passenger Association Territory.

ALABAMA	
Anniston .....	\$ 7 30
Birmingham.....	6 55
Decatur.....	9 55
Florence .....	12 00
Mobile.....	9 75
Montgomery.....	2 60
Opelika.....	2 15
Selma.....	4 60
Tuscaloosa.....	6 90
DISTRICT OF COLUMBIA	
Washington.....	\$33 45
FLORIDA	
Gainesville.....	\$15 65
Jacksonville .....	14 35
Ocala.....	18 35
Pensacola .....	9 10
Tallahassee .....	10 15
Tampa .....	22 80
GEORGIA	
Albany .....	\$ 6 80
Americus.....	5 85
Athens.....	10 40
Atlanta.....	6 50
Augusta.....	12 30
Columbus.....	3 30
La Grange.....	3 65
Macon.....	7 30
Milledgeville .....	8 55
Savannah .....	13 95
Valdosta .....	10 30
West Point.....	3 00
ILLINOIS	
Cairo.....	\$20 45
INDIANA	
Evansville.....	\$21 90
KENTUCKY	
Bowling Green.....	\$17 85
Frankfort.....	21 70
Hopkinsville.....	17 75
Lexington.....	21 70
Louisville .....	21 70
LOUISIANA	
Baton Rouge....	\$19 30
New Orleans.....	15 35
MISSISSIPPI	
Brookhaven .....	\$14 75
Greenville.....	17 00
Natchez.....	16 55
Vicksburg.....	14 35

## NORTH CAROLINA

Charlotte.....	\$17 15
Durham .....	23 10
Greensboro .....	20 95
Raleigh.....	23 35
Salisbury.....	18 95
Wilson .....	24 80
Winston-Salem .....	20 50

## OHIO

Cincinnati.....	\$25 45
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## SOUTH CAROLINA

Charleston .....	\$17 80
Columbia.....	15 60
Darlington.....	18 95
Dillon.....	20 15
Florence ....	18 95
Spartanburg.....	14 15
Sumter.....	17 40

## TENNESSEE

Chattanooga.....	\$11 45
Clarksville.....	17 25
Columbia.....	12 90
Memphis.....	16 40
Murfreesboro.....	14 80
Nashville.....	14 80

## VIRGINIA

Alexandria Station.....	\$32 15
Charlottesville .....	27 90
Danville.....	22 85
Lynchburg.....	25 50
Norfolk.....	30 35
Richmond.....	28 45

## TRUNK LINE ASSOCIATION

Grants rate of fare and three-fifths on the certificate plan

The Trunk Line Association grants rate of fare and three-fifths on the certificate plan on account of the meeting of the National Medical Association to be held at Tuskegee Institute, Alabama, August 27, 28, 29, 1912.

The reduction is from Trunk Line Territory: namely, from Buffalo, Niagara Falls, Suspension Bridge, Dunkirk, and Salamanca, New York; Erie and Pittsburg, Pennsylvania; Bellaire, Ohio; Wheeling, Parkersburg and Kenova, West Virginia; and points East thereof, except in New England.

Agents at all important stations and coupon ticket offices are supplied with certificates. Consult your ticket agent early, advising your intention of coming, and make

sure that certificates are on hand. Pay full going fare, and be sure to get certificate at time of ticket purchase. Receipts will not be accepted in lieu of certificates. Immediately upon arrival at Tuskegee Institute, deposit certificate with Dr. John A. Kenney, General Secretary, National Medical Association, for endorsement, together with 25c fee for the special agent of the railroads who will validate the certificate. On presentation at the railroad station, this will entitle the holder to pay only three-fifths the regular fare on return.

Going tickets will be on sale August 23, 24, 25, 26, and return tickets may be purchased not later than the third day following the closing day of the meeting, (Sunday not to be counted as a day). In order to have ample time to get tickets and certificates, delegates should present themselves at the ticket office at least thirty minutes before the train departs.

For further information consult your ticket agents or

JOHN A. KENNEY, M. D.,  
General Secretary N. M. A.  
Tuskegee Institute, Alabama.

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## OF INTEREST TO DENTISTS

By ASA D. C. BARNES, D. D. S., Editor  
CHICAGO, ILLINOIS

Articles intended for publication in this department, will please be addressed to Asa D. C. Barnes, D. D. S., Editor, 3531 State Street, Chicago.

There are fourteen colored dentists practicing in Chicago.

A surprise party was tendered Dr. Andrew L. Smith in the parlors of his elegant home on Wabash Avenue, by members of the profession on the evening of June 19th. Dr. Smith, because of ill health, absented himself from his friends in Chicago a few months ago for a sojourn to Asheville, North Carolina. He returned much invigorated and improved, showing the benefit of his long rest. The Journal extends to Dr. Smith its congratulations.

The Physicians, Dentists and Pharmacists Club of Chicago, on Saturday evening, June 29th, gave its annual banquet in the beautiful parlors of Caterer Ponder, 3356 Calumet Avenue. Dr. A. W. Mercer, president, made the welcoming address, while Dr. Spencer C. Dickerson acted in the capacity of toastmaster. The complete success of the affair must be attributed to the energy of Dr. Herbert Turner,

secretary of the club, and his committee, who, by the president were appointed to guide the destinies of the affair. The program, which consisted of several addresses made by the doctors and guests, was excellently rendered. The dentists present were: Drs. A. C. Browne, J. H. Plummer, Asa D. C. Barnes, and W. A. Richardson. Dr. Barnes, representing the dentists, responded to the toast, "Dentistry, a Learned Profession." Hon. George H. Jackson of Chicago, and Dr. Cabaniss of Washington, District of Columbia, were the guests of the evening.

### PYORRHEA ALVEOLARIS

In the last issue of the Journal we discussed at some length the use of vaccine in treatment of pyorrhea alveolaris and quoted to some extent the views of certain authorities who seem optimistic in this new method of treatment. But as pyorrhea has not been really proved to be an infectious disease, as stated by that eminent authority on any and everything that pertains to pathological dentistry, Dr. Eugene S. Talbot, it is with feelings of reserve that the profession should welcome the advent of this new theory as a specific,

whose virtues, from the start, are so loudly proclaimed.

Dr. Talbot in the June Summary, page 416, says in part:

A disease which the stomatologist is called on to treat many times each day is that of interstitial gingivitis. The term "pyorrhea alveolaris" was given the disease in 1880 by Dr. Rehwinkel of Ohio, because in a few patients pus was discovered about the necks of the teeth. This term "pyorrhea alveolaris" has led many a good man astray. That there are a few patients with infection of the gums, all will admit; some of these have already been mentioned. These infectious diseases can easily be differentiated from the ordinary interstitial gingivitis patients so common in practice. The disease presented us many times each day, however, has not been shown to be infectious. Research work has been done by many scientists, Galippe, Miller, Rhein, George T. Carpenter, Suduth and myself, none of whom has been able to show it to be a germ disease. It may be possible later to demonstrate infection as a cause. My own researches have shown that the interstitial gingivitis is due to an irritation of both a local and a constitutional nature. These experiments have been made by every conceivable method on human beings and animals. I admit that when pyorrhea is present, pus infection has taken place, but only about 10 per cent of patients are so infected. This condition, however, is always secondary to the primary disease. If my views should prove to be correct, the opsonic and vaccine methods of treatment are certainly not in harmony with proper methods of treatment, and much time and labor have been wasted. The local use of iodine and the sulphocarbolates by the operator and a stiff brush by the patient, with proper care of the general system, will cure all interstitial gingivitis and pyorrhea patients, if undertaken before the teeth become loose.

As I stated at the outset of this paper, more original research work is necessary before a proper course of treatment can be given.

## TRANSCRIPTS

Those who make their own local anesthetic I suppose are using about 5 gr. of cocaine to make 1 oz., since this is the quantity generally used by most dentists. After testing various percentages used for extracting, I find that you can cut the amount of cocaine down from 5 gr. to 2 gr. and even 1 gr., and get the same results with less danger of a sick patient.

**IODINE AS AN ORAL GERMICIDE.**—The usual official alcoholic preparations of iodine are not suitable for oral use; they are too irritating to the mucous membrane. Dr. Eugene S. Talbot recommends the following:

Zinc iodid.....	15 parts
Water.....	10 parts
Iodin.....	25 parts
Glycerin.....	50 parts

This preparation, he claims, penetrates the deeper tissues and destroys the germs embedded there, and is free from the objectionable properties of alcoholic solutions. The late Dr. Senn used one per cent of iodine crystals and one per cent potassium iodid with ninety-eight per cent of water, freely, in flushing the abdominal cavity after operations, especially in cases of infection.—Dental Summary, February, 1912.

**LIME WATER.**—A little lime placed in a bottle of water will provide a mouth wash which is an excellent deodoriser for both dentist and patient. The lime may be allowed to settle and the water poured off in small quantities as required, and diluted. More water may be added until the lime has all gone. Plaster mixed with lime water makes a harder model than when water is used.—Mr. H. J. Morris, Sheffield, Eng. The Dental Record, Oct., 1911.

**GANGRENE OF THE PULP.**—Gangrene of the pulp occurs in two forms, dry and moist. In both cases death of the pulp in part or in whole has occurred through one or more of many causes, which interfere with the circulation of the dental pulp. Examples, traumatism, rapid wedging or movement in regulation, passive hyperemia and pulpitis.

If the pulp dies under aseptic conditions

and bacteria and moisture are excluded and the blood of the pulp is drained from the pulp tissue by the veins, dry gangrene is the result, leaving a shrivelled dry mass within the pulp chamber and canals. This tooth will lose its translucency, but will not be extensively discolored. There will be no response to tests for pulp vitality and the dentin is not sensitive to cutting and the bur chips are free from odor. On entering the pulp chamber, a dry condition will be found with the pulp in a shrivelled dry mass, if found at all.

The dry form of gangrene is rarely met with. It may especially be looked for in cases where attempts at mummyfication, with formalin, tannin and alum compounds

have been made. In treating this form the special precaution is to confine the first treatment in the pulp chamber and retain with cement, as violent pericemental disturbance may arise if the canal contents become contaminated.

The canals may be cleansed under aseptic conditions by applying 5% formaldehyd solution or sodium dioxid and the roots filled immediately. However, great risk is attached to the immediate methods. A safer method is to treat at least once with formo-cresol (Buckley), then at the second sitting canals are cleaned under aseptic precaution and filled.—M. L. Schmitz, Chicago.

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## ABSCESS AND DEGENERATION OF THE DENTAL PULP

BY ASA D. C. BARNES, D. D. S.

CHICAGO, ILLINOIS

Of all the affections to which the dental pulp is heir this advanced stage of pulpitis is, perhaps, the most painful, and surely the most difficult toothache of any to manage, whereby the patient may be given immediate relief before leaving the chair. Experience of several years has revealed to me but few other varieties wherein relief may not be had in the course of a single treatment, and I believe the majority of practitioners will bear me out in this statement. The average dental practitioner, versed even in the rudiments of special and dental pathology, may be able to correctly and intelligently diagnose the ordinary toothache, and prescribe or administer, without hesitation, the proper

therapeutics for its immediate relief; but the same dentist when in his office, he is brought face to face with a patient, suffering untold agonies from a putrescing pulp, almost on the verge of collapse from a siege of nervous exhaustion, and is asked to "kill the nerve" of this throbbing monster, will have acquitted himself graciously, and made for himself a name as a skillful practitioner, at least in the mind of this certain patient, if he succeed in quieting and restoring him to comfort by an operation that has been well nigh painless. A pulp in this condition yields always with great difficulty to treatment, because of the hypersensitiveness of the pulp itself to varying thermal changes, and because of the

tooth as well, which, exquisitely sore and tender, is very responsive to manipulation as a result of peridental affections, which, as a rule, are ever-present and must be considered in cases of this kind. So the manipulation and management of cases such as this, challenge experienced hands and even a masterly quality of professional attainment.

In order to have myself well understood, I shall now, but briefly, however, enter into a pathological discussion of my subject.

**Histology:** The pulp of a tooth consists of three varieties of flesh: nervous, connective, and vascular tissues. These are so harmoniously blended and associated as to functional activity that it might be safely argued that the pulp is a little organ all of its own, subject to the same varying vicissitudes as are other organs of the body.

Provided for its nourishment the tooth has an ample blood supply in the function of the pulp, which is maintained in the interior of the tooth by means of a circulatory system of the arterioles and veins, which, in themselves, constitute a part of the pulp substance.

The tooth receives further nourishment through the blood vessels that surround the root and peridental membrane. This membrane by many authorities is thought to constitute the principal source whence the teeth receive their nourishment, since a root properly treated will continue long in the socket in perfect health to support a crown or bridge, long after the pulp has been removed.

The nourishment thus provided contributes to its growth and development, and it is for this reason that the dentist is ever anxious to conserve the life and the health of a pulp when called upon to treat teeth as have not reached their full growth and maturity.

Considering the great importance that full developed teeth play in the arrangement of a perfect dental arch and the dramatic consequences that follow in later life, if while young, these teeth have not been given the proper management, the desuetude into which some practitioners allow themselves to sink, as it concerns the attention and management given these teeth, is grievously unpardonable and unforgiving.

**Treatment:** When in the live tooth the harmony of function of the pulp is disturbed from any cause sufficient to bring about its disorganization, discomfort and disease will soon begin to manifest themselves; and quite unlike other organs of the body in this respect, that the pulp is not provided with a lymphatic system by which exudations or other disease-bearing products may be removed, it hears sounded its own death knell, when, from the first, it feels the beginning of disease. For this reason I countenance no operation of pulp capping, nor any other teaching which presumes the permanent restoration or preserving of a pulp once it is contaminated with the active agents of disease.

The treatment of a putrescent pulp consists quite as much in the exercise of common sense as it does

in the application of knowledge gathered from books. In fact, the exercise of common sense should be the guiding principal of every successful endeavor.

There is present an active hyperaemic condition of the pulp, which being edematous and infiltrated with saprogenic globules of pus, is gradually releasing its hold on life in a most painful and excruciating manner. Our patient is very nervous, almost hysterical, in the throes of a terrible agony, and it is up to the dentist to do something, and that in the least painful manner.

The dam is adjusted about the affected tooth, and if convenient, several other teeth are included, in order that more light might be reflected upon the field of work. The exposed teeth are disinfected with a solution of resorcin, and then dried with alcohol and warm air. As much overhanging enamel as the patient can bear is chipped away with heavy chisels so as to enlarge the cavity in order that an unobstructed view might be had of all parts. The cavity is then dehydrated with warm alcohol and blasts of warm air, after which the debris is removed further with heavy spoon excavators. Being of an acid reaction, the cavity is now flooded with a warm solution of lysol to which has been added a small quantity of borax, after which the cavity is dried again with alcohol. Every particle of diseased and disintegrated dentin is now removed completely, even to the point of exposing the pulp. This may sometimes be accomplished wholly with excavators

alone; but when this is not possible the engine and a fine sharp bur should be brought into play. With the pulp now exposed it is punctured with a perfectly sterile instrument. It will seldom be found necessary to do this, however, for the pulp will often be relieved of its own accord by partially disgorging itself as soon as the tension is relieved through the removal of the disorganized dentin at its crest. This is the most painful step and the most severe treatment through which our patient shall have to pass.

The pulp now having been partially disgorged, quiescence, as a rule, soon follows. Further treatment consists in applying to the lacerated, bleeding pulp some remedy partaking the character of an antiphlogistic. Flood the cavity with a mixture composed of equal parts of opium, camphor and aconite on a pledget of cotton. This is allowed to remain for several seconds when repose and more comfort generally will soon follow.

We have now reached a point in the course of our treatments where there stands before us the election of one of two courses, one is to completely destroy the pulp in its integrity through a succession of treatments with phenol, or some of its allies, as the principal agent; or by the future employment of some devitalizing agent by which the pulp will be destroyed in a short while in its entirety.

Personally, I do not favor the use of coagulents in cases where it is intended later there shall be called to

my aid a devitalizing agent with which to complete the work of pulp destruction. Where a coagulum has been formed the penetrability and absorption of the arsenic into the pulp substances are impeded; and pulp extirpation with cocaine would certainly be an absurd procedure in cases of this kind where the probabilities of peridental infection and contamination are so evident.

I am, too, gradually separating myself from the use of phenol to a great extent except, however, in the treatment of teeth that I intend shall be crowned, for the reason that phenol has a darkening effect on the dentin, as I believe, by charring the dentinal fibrillae, which, later, will be reflected through the enamel of a tooth, the crown of which has received a filling. But I do not wish it understood by this statement that I have completely and wholly abandoned the phenols in the treatment of those teeth whose crowns I intend shall receive fillings. I do use this class of drugs but sparingly, however, and with exceeding care and limitation.

In abeyance to the foregoing remarks, if you will pardon the digression, we shall continue now the treatment of the first sitting.

Upon removal of the opium solution, a final dressing consisting of thymol in oil of geranium is gently pressed into the cavity on a pledget of cotton, retained by another dipped in liquid vaseline. The cavity is thus loosely packed in order to avoid pressure on the lacerated pulp and to permit the escape of any gases

that might form in the tooth while the patient is away. After removing the dam, the gums about the affected tooth are well painted with iodine, when the patient is dismissed for four or five hours, if convenient.

At this time inquiries are made as to the state of the patient's bowels. If constipation is present, some saline cathartic should be prescribed regularly, so that the bowels may be kept open at all times to assist in dispelling any febrile disturbances which usually present themselves. A hot pediluvium upon retiring is advised in order to draw the secretions downward. An alterative may also be prescribed with great advantage, consisting of three grain doses of potassium iodide in Gray's Glycerine Tonic, to be taken three times daily after meals.

Second Sitting: The dam is adjusted as before, the teeth disinfected, and the dressing removed from the cavity, being careful not to disturb the pulp, which now, as a rule, is quiescent. The cavity is now flooded with warm alcohol and dried with warm air, after which it is again flooded with clove oil, wiped out, and a devitalizing agent inserted and secured with cement. The patient is dismissed for two days.

Third Sitting: The dam is applied as in previous sittings, the crowns of the exposed teeth disinfected, the cement and devitalizing agent removed, and the cavity flooded with dialysed iron. The pulp at this sitting will usually be found to be completely dead and

disintegrated, evidencing scarcely any sensations of pain upon manipulation. A large bur is used to remove every particle of decay from the cavity, and to thoroughly expose the orifices of each canal, which may be seen clogged with a dense jelly-like mass of disintegrated pulp tissue of a dark red color. At this time every particle of the pulp is removed from the canals with a barbed broach and peroxide of hydrogen. Having accomplished this the canals are thoroughly desiccated with repeated applications of alcohol and blasts of hot air, after which a dressing of forma-cresol is inserted on cotton to extend to the **bottom** of each canal and allowed to remain for three or four days.

Fourth Sitting: The dam is

again adjusted with the same aseptic measures as before. The dressing is removed, and the canals washed again with peroxide of hydrogen. If the cavity in the crown or the canals are dark and crusty from the infiltration of diseased products, 50% sulphuric applied and followed with sodium bicarbonate may be relied upon to do the work of further cleansing. If an anterior tooth, and a filling is contemplated in the crown, peroxide of sodium can be relied upon to do the work of bleaching. The canals are now thoroughly dried with alcohol and hot air, and after flooding with chloroform, are filled with cones and zinc oxide in a solution of chloro-percha, to which have been added a few drops of formalin.

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### ONE MORE STEP

Arthur Balfour wrote an essay on Progress, the general tendency of which was to deny its existence. Certainly there is no such thing as progress in all directions. Edmond De Goncourt is one of those who have committed themselves to the absurd position that artists of modern times are inevitably ahead of those of earlier centuries. The person who thinks there has been progress in sculpture since Phidias, or in architecture since the Renaissance, or who imagines that anybody of later times has painted better than Velasquez, or written greater music than Beethoven, is simply unable to think. Where progress does unmistakably exist is in a direction that does not depend on individual genius. It is in the conquests which are social and, so to speak, co-operative; in those conquests which grew

out of steam, the substitution of machinery for hand labor, the increase of education and the consequent increase of democracy and fair play. The New York Board of Health, for example, has adopted a resolution forbidding the use of common towels (meaning towels used by more than one person) in railroad stations, ferry houses, schools, hotels, theatres, concert halls, dance halls, department stores, cafes restaurants and saloons. This may seem a little thing. It was only a few weeks ago that this newspaper first took notice of the subject as in its beginnings, and yet in all probability the improvement will within a short time be accomplished all over the country. It is one step, and a not unimportant one, in the victory over disease which has followed the discovery of Pasteur.—Collier's.

## OF INTEREST TO PHARMACISTS

BY MRS. J. P. H. COLEMAN, Phar. D.

WASHINGTON, DISTRICT OF  
COLUMBIA

The Pharmaceutical Department of Howard University graduated ten pharmacists this year. Among the number were two young women—Mrs. B. P. Benjamin of Washington and Miss L. E. Jones of Texas.

Dr. Benjamin with her husband has already entered the drug business, the store being in charge of Dr. Robert Giles until after the meeting of the Pharmaceutical Board.

Dr. Nathaniel Pannell, of Staunton, Virginia, has sold his store in that town and is now resting up a year or so before beginning business again elsewhere. Staunton is a splendid field for some young and energetic pharmacist.

Dr. Eugene Howley is to open

a new drug store at the corner of Vermont Avenue and S Streets.

Dr. Clara Smythe is pharmacist at the Woman's Clinics, 13th and T Streets, Washington, D. C. This clinic is for women and children and is conducted by women physicians and pharmacists.

Dr. Ada C. Albert is in charge of Dr. Gales' new drug store located at Deanwood, D. C.

Dr. Minnie A. Crews, of Gray & Gray pharmacy, has returned from a two weeks' vacation spent in Charlotte, North Carolina.

Pharmacists all over the country are planning to attend the meeting of the N. M. A. at Tuskegee in August. This will be a splendid chance to meet and become acquainted with the "money making pharmacists" of the Southern States.

### FRENCH BIRTH DECREASE

Vital statistics officially published in France show that in the year 1911 the number of deaths in that country was 34,869 in excess of the number of births. There were 742,114 births and 776,983 deaths. As France does not count largely on immigration, this excess of deaths is a serious menace. The health condi-

tions in France are as good as those in adjoining countries, but the statistics show an unwholesome social condition in the decrease of births. There were 303,788 marriages in France in 1911, and 13,058 divorces. The "race suicide" question is giving the government concern, but it is a matter over which the government can exercise no control.

# CURRENT MEDICAL THOUGHT

By U. GRANT DAILEY, M. D.

## A REVIEW OF THE ADVANCES IN MEDICINE AND SURGERY FOR THE YEAR 1911

### A. THE MEDICAL SERVICES

The day is past when the physician can afford to ignore the purely scientific side of medicine. While it is reserved for the favorably environed few to do experimental work and make contributions to scientific medicine, the modern practitioner is finding it necessary to keep in touch with what is being done in the laboratories in order that he may have that breadth of knowledge requisite to cope with the problems of disease as met with at the bedside. One cannot fail to be struck with the increasing tendency, even among the most extremely "practical" of clinicians, to exalt the experimental side of medicine. The present writer, therefore, considers it fitting to preface the review with a brief discussion of certain selected subjects of the auxiliary sciences.

This being the first review, it is necessary to premise that the discussion will occasionally stray into years anterior to that which it is intended to cover; for the most part, however, familiarity of readers with the literature of previous years is assumed.

Chemistry, always the *bête noir* of

the medical student, the *terra incognita* of practitioners, in recent times is assuming a fundamental and essential importance. The comparatively new science, biologic chemistry, offspring of biology and chemistry, at the base of physiology, normal and pathologic, and of pharmacology, is destined to solve many of the problems of medicine.

#### THE LIPOIDS

Up to within the last two or three years physiologic chemists have devoted the most of their attention to the proteins. Recent studies (W. Koch and his pupils and others), however, seem to show that the class of substances known as lipoids has an importance in the organism not second to that of proteins. A simple classification of the tissues will show the place occupied by this group:

#### CONSTITUENTS OF TISSUES

1. Solid aggregates (fat droplets, glycogen granules and solid structures).
2. Colloids (proteins and lipoids).
3. Crystalloids (salts, water soluble extractives, like creatin, etc.)—after W. Koch.

Thudium (quoted by Koch) classifies the lipoids as follows:

1. Cholesterols (C, H and O).
2. Cerebrosids (C, H, O and N).
3. Phosphatids (C, H, O, N and P). Example, lecithin.
4. Sulphatids (C, H, O, N, S and sometimes P).

All of the tissues contain proportions of lipid substances, but they are found in greatest quantity in the nervous system.

Lipoids have been found to have many important relations. Thus Kyes (v. Koch, Journal American Medical Association, March 18, 1911) has made the observation that lecithin, while not hemolytic itself, may behave like the complement in the complement deviation reaction. The more recent work of Noguchi has shown that in the Wasserman reaction (q. v.) the antigen may act in the nature of a phosphatid. Achard and Flandin (*Semaine Medicale*, August 3, 1911 abstr. The Journal October-December, 1911) have proved that anaphylactic shock may be prevented by the injection of lecithin. Lecithin is capable of preventing the oxidation of numerous metabolites. For example, epinephrin (adrenalin) solution may be preserved for weeks by the addition of lecithin, if sterile. The large content of lipid substances in the nervous system accounts for the marked affinities of anesthetics and hypnotics for these tissues, and is made the basis of Overton and Myers theory of narcosis. Additional remarks on this interesting

relation of lipoids and anesthetics will be found under anesthetics.

#### THE HORMONES

The hormones (Starling and Bayliss) are hypothetical substances serving as chemical messengers, important, as we shall see, in the co-ordination of the functions of the body. Thus, carbon dioxide acts as a hormone in regulation of respiration, its presence in the blood passing through the respiratory center, being the agency that stimulates it to activity, and not the deficiency of oxygen, as was formerly thought. The newly arrived food in the duodenum incites the secretion of secretin, the hormone which in the blood of the pancreatic and hepatic vessels, stimulates to activity the secretions of these organs. A peristaltic hormone is recognized. Diuresis is produced by the passage through the kidneys of material derived from the infundibular portion of the pituitary body. Starling, in fact, believes that all of the vital activities are dependent upon chemical rather than nerve stimuli, reasoning from the knowledge that in the lowest forms of life there is no nervous system. We know, too, that in the ontogenic series (the fetus) the nervous system is a late acquisition. Indeed, actual experiment has proved that these "chemical reflexes" can take place even when the nervous system has been excluded as a possible factor. The tendency is to believe that the nervous system acts as an assistant, an accelerator, or in times of great expediency, and that it probably is brought into play in func-

tions, the activities of which are measured in seconds and minutes, whereas, the chemical messengers retain control in the more vegetative, slowly acting functions

As an illustration of how the chemical element is overshadowing the neuron as a regulator, let us note what is recently being said about hormones in relation to mammary secretion. It was not very long ago that all physiologists assumed that the nervous system controlled the secretion of milk. Lane-Claypon, Starling, Basch, and others have tested the effects of injections of extracts of placenta, uterus and fetus on virgin animals with positive results in the rabbit-fetus injections (J. A. M. A., November 18, 1911, page 1699). How suggestive is this work in the possibility of producing a scientific galactagogue is self-evident. Along this line, Ott and Scott (Ther. Gaz., October, 1911) have by experiment demonstrated the galactagogue capabilities of extracts from various ductless glands (pituitary, corpus luteum, pineal and thymus glands).

One may venture the prediction that the term "internal secretion" (first used by Claude Bernard) will in time give way to "hormone," since the tendency among advanced physiologists and physiological chemists is to consider the internal secretions in the nature of hormones.

This subject has interesting pathologic relations, especially in connection with the thyroid glands, over-secretion of which is supposed to be the basis of the clinical syndrome

heretofore generally known as exophthalmic goitre, but better designated thyrotoxicosis. We are indebted to the Mayo clinic for much of the newer light on the clinical aspects of this subject.

The therapeutic utilization of the hormones, will be discussed later.

#### ANAPHYLAXIS

Although occupying a field not ordinarily included under the chemical sciences, the new science of serology is very closely associated with biologic chemistry. One of the most prominent subjects of serology in current literature is that of anaphylaxis, and its increasing practical relations justify some allusion to it at this time.

Anaphylaxis is the term used (first by Portier and Richet, 1902) to designate the hypersusceptibility produced in animals by the injection of the serum of another animal, or of any "foreign" protein. In the past decade an enormous amount of experimental work has been done in connection with this interesting phenomenon with the result that it is now used to explain many hitherto ill-understood clinical observations. Thus, the reactions that sometimes followed the injection of diphtheria antitoxin, formerly thought to be due to various impurities or to specific influences of the antiserum, are now attributed to the anaphylactic action of the "foreign" horse serum injected into men. The tuberculin reaction is now known to be anaphylactic in character, the introduction of the tuberculin causing symptoms only in organisms already hyper-

susceptible by reason of the presence of products of the tubercle bacillus, while it is harmless in the normal animal. The investigations of Rosenau and Anderson and a host of others have shown that the reaction is universal. Thus anaphylaxis may be produced by the injection of egg-albumin. Magendie as early as 1839, noticed that rabbits, inoculated intravenously with white of egg without ill effect, die following injection of the same substance made a number of days later. This observation has in the newer work of the present century been repeated many, many times and made to fit the theory of anaphylaxis. Ever since the discovery of antitoxin guinea pigs have been used to test the serum. It was noted that after several injections it frequently happened that the animal died. Various explanations were offered until in 1905, when Rosenau and Anderson suggested that it might have some relation to the cases of sudden death in man, and they set to work to prove or disprove the correctness of their assumption. Their publications form the classics on this subject. The studies of Pirquet and Shick have been illuminating in the extreme. In a monograph on serum disease (*Serum-krankheit*) they showed that the reaction may be immediate (shortened incubation) or later (prolonged incubation). They believed that the theory of anaphylaxis gives a possible explanation of the period of incubation in infectious diseases and that the immunity acquired in vaccinia and other infections is due to the

power of immediate reaction (see editorial, J. A. M. A., Mch. '11). The belief, too, is held "that the bacteria themselves have little or no toxic effect; that this results from an interaction of bacterial proteid (antigen), antibody and complement, the two latter being contained in the serum of the host." Thus, the theory is extended to explain why it is impossible to produce antitoxins in certain infections. Truberger, by injecting sensitized animals with repeated small doses of foreign protein, was unable to produce various types of fevers and concludes that "anaphylaxis is an extreme and acute form of infection, and infection is milder, more protracted form of anaphylaxis."

Anaphylaxis is now invoked to explain the onset of labor (v. J. A. M. A., Oct. 14, '11). The observations leading to this idea are rather too involved to be discussed in this place but the interested reader may refer to an editorial in the Journal A. M. A., Oct. 14, 1911.

Though unsupported by experimental evidence, eclampsia is by some thought to be pronounced manifestation of anaphylactic shock. Poisoning by fish and other sea foods are thought to be anaphylactic in nature. Meltzer, Auer and Lewis have demonstrated that anaphylactic death is due to respiratory stenosis. Reasoning from this and certain other experimental data, it has been suggested that hay-fever and bronchial asthma may be due to the entrance through the respiratory tract of foreign proteins which cause the

exhibition of the symptoms characteristic of the respective diseases. (v. Barach, N. Y. M. J., Jan. 21, '11). Another fact of interest is that the possibility of transmission to offspring of anaphylactic hypersusceptibility has been demonstrated.

While much of all this is still in the domain of hypothesis and speculation, we may well afford to entertain these interesting theories, supported in part, as they are, by experimental and clinical evidence, until disproved. It would appear that the subjugation of many of the diseases of imperfectly known etiology will be along the theory of an anaphylactic basis.

The most important clinical bearing of this is the reaction, sometimes serious, not infrequently seen following the use of the antitoxins, especially that of diphtheria. The literature of 1911 contains a number of reports of such. Sicard (*Presse Medicale*, Nov. 16, '11) details a case following meningitis serum. "A Strange Case of Anaphylaxis" is the title of a most interesting article by B. Kaufman (N. Y. M. J., Aug. 19, '11, abstr. *The Journal*, Oct.—Dec. 1911) in which the author himself was the patient. His experience was with the anti-diphtheritic serum. This report brings out the clinical use of atropin in combating the effects of anaphylaxis (this having been suggested by the experimental results of Auer and Lewis, *J. Exp. Med.*, Jan. '10, and of others). We have alluded to the prevention of anaphylactic shock by the injection of lecithin. (See Lipoids.)

The commonest symptoms of the reaction are: urticaria, localized edemas, nausea, sometimes vomiting albuminuria, and various paresthetic sensations.

## B. GENERAL MEDICINE AND THERAPEUTICS

### 1. METHODS OF ADMINISTERING DRUGS

The following possible methods may be enumerated: 1. By mouth. 2. By inhalation. 3. By rectum. 4. Endermically, 5. Hypodermically. 6. Intramuscularly. 7. Intravenously. 8. Intraspinaly.

Consistent with the demand for greater scientific exactness in all departments of medicine, there is a very noticeable tendency for the increasing employment of methods 5, 6, and 7. This tendency has received decided impetus since the advent of serum therapy, and again with the introduction of the arsenical preparations in the modern treatment of syphilis. The possibilities of these methods were largely extended by the triumphs of pharmaceutical chemists in placing at the disposal of the profession hypodermatic representatives of practically every drug in use. All of the serums are administered hypodermically. Without his hypodermic outfit the practitioner is crippled in emergencies of all kinds. The overwhelming testimony of clinicians is that by far the best effects with mercury are obtained when it is injected. Which class of preparation, whether soluble or insoluble, is a matter of individual preference, although the balance is somewhat in favor of the soluble. As is well known, its employment is not lim-

ited to syphilis, but is also used with good results in tuberculosis, puerperal fever (v. obstetrics and pediatrics) and other infections. Soamin and its congeners, and sodium cacodylate, while possible of administration by mouth are almost universally given by injection. Salvarsan is, of course, introduced into the system only by the direct methods. In the malignant cases of malaria, the most advanced practitioners are making use of the needle for the introduction of the remedy. Recently, Algernon B. Jackson (N. Y. M. J., June 24, '11, abstr. The Journal, Oct.—Dec., 1911) has advocated the injection of magnesium sulphate in the treatment of acute articular rheumatism. Favorable reports on the hypodermic use hexamethylenamin are now being made (see Hexamethylenamin). Not a few believe that citrate of iron, subcutaneously, is the most effective method of treating secondary anemia, especially that of tuberculosis. (see Bullock and Peters, J. A. M. A., Oct. 28, '11).

In a word, when it is desired to thoroughly impress the system with a given drug in the shortest possible time, or when instantaneous action is necessary, the best method is injection. The advantages are manifest. Its disadvantages are that it is somewhat painful, and nervous patients often refuse it; occasionally, due to imperfect technique, abscesses may form. To obviate the first difficulty, Walson (J. A. M. A., June 3, '11) found the following procedure of value: equal parts of

quinine and urea hydrochloride and mercuric chloride 2% solutions in distilled water heated to the boiling point and are injected in the desired quantity while still warm. By the use of this technique the intramuscular injection is almost entirely done away with. In the case of intravenous medication care must be exercised lest fatal air-embolism ensue.

The inunction method of treatment is perhaps becoming obsolete except in institutions and resorts where the facilities for its use are good. It must be admitted, however, that under the proper conditions, it is a quite effective manner in which to obtain the actions of mercury.

When the stomach is irritable, or when there are objections to hypodermic medication, the rectum remains a serviceable portal for the introduction of drugs. It is of use *par excellence* for the gradual ingestion of normal saline solution (proctoclysis) and it is frequently found advantageous to administer coincidentally other drugs, as bromides, quinine, etc. The rectum, of course, quickly resents abuse, and this fact must be borne in mind. The suppository will continue to be used where indicated.

The spinal canal has been utilized for the injection of magnesium sulphate in the treatment of the severe convulsions of tetanus (Meltzer). Recently, sterilized spinal fluid has been reinjected into the spinal canal in cases of tuberculous meningitis. Spinal anesthesia will be taken up later under the appropriate heading.

For obvious reasons, the intraspinal route of introducing drugs will hardly come into general use.

## 2. SERUM DIAGNOSIS AND THERAPEUTICS

The greatest triumphs of medicine in the past two decades have been in this field; and the year under review has witnessed no diminution in the enthusiasm with which workers have attacked the many varied questions connected with this department of science. From the standpoint of Diagnostics the bulk of attention centers about the Wasserman reaction (and its modifications) and tuberculin.

### (A) THE WASSERMAN REACTION

It is difficult within a reasonable space to discuss the voluminous literature of the serum diagnosis of syphilis and the relationship of the complement fixation test to other diseases. The technique is so complicated that only the laboratory specialist can attempt it with success. Yet the general practitioner should make himself to some extent familiar with the principles underlying it, and where possible, make use of it in connection with treatment.

While the test must be conceded to be a great scientific achievement, and that it is in some obscure cases of decided importance, it is still imperfect, even with the recent modifications, and the sources of error are numerous enough to weaken somewhat its value. Those connected with teaching hospitals and some of the specialists are apt to be a little extreme in their insistence

on its use along with the treatment of the spirochetal infection.

The reaction under any form of antisyphilitic medication may become negative without disappearance of the infection. Again, there have been a number of reports of negative reaction in untreated syphilis. The fact that the reaction is said to be found positive in many spirochetal infections scarcely reduces the value of the test, since spirochetal diseases other than syphilis are decidedly uncommon in this country. The literature contains reports of positive reaction in carcinoma and other malignant diseases. In these cases the possibility of early luetic infection could not always be excluded. For practical purposes, a positive Wasserman is rather conclusive evidence of syphilis, while a negative reaction does not exclude its presence.

One may safely affirm that the passing year has been marked by a recedence from the position that the reaction is necessary in the modern rational treatment, some, particularly the French, taking the opposite extreme, and declaring it is silly to place any great dependence on reaction.

### (B) TUBERCULIN

Under Anaphylaxis the nature of the diagnostic tuberculin reaction has been stated. For the comprehension of the principles of serum therapy, we must be content to assume that the reader is familiar with Ehrlich's theory of immunity (Seiten-ketten-theorie, "side-chain theory").

## 1. AS A DIAGNOSTIC AGENT

There are three ways of applying tuberculin for purposes of diagnosis, known by the names of the originators of the respective methods; viz.: the Calmette, or opthalgo-reaction; the Moro, or percutaneous; and the v. Pirquet method. The Calmette soon fell into disfavor on account of its barbarity; the Moro is employed to a limited extent; while the v. Pirquet is the one in general use today. Experience has taught certain limitations to the use of tuberculin as a diagnostic agent. "The test cannot be applied to febrile cases, inasmuch as the pre-existing fever could not be separated which the tuberculin might produce. 2. Cases of advanced tuberculosis frequently fail to give the reaction, the tissues of such patients having become resistant to the poison. 3. Owing to the 'group-reaction' the reaction will sometimes be positive in infections caused by similar group of bacilli; as actinomycosis, leprosy, etc." (Ricketts) The reaction is probably specific under all ordinary circumstances, notwithstanding the fact that the injection of other serums is in large quantities followed by reactive manifestations. (v. Anaphylaxis.)

The status of tuberculin as a diagnostic is well stated in a recent issue of the Journal A. M. A.: "The reaction is specific for tuberculosis, but does not distinguish between latent forms of the disease. In children it indicates a tuberculous process which is usually active, but in adults it gives positive results in

nearly all cases, even with persons who appear to be in perfect health, but who in consequence of the wide prevalence of tuberculosis in infancy, carry with them remnants of a quiescent or healed tuberculous focus. The latter condition is rarely of clinical importance; hence the v. Pirquet reaction is of little importance for the diagnosis of active tuberculosis in the adult."

The form now used in diagnosis is Koch's Old Tuberculin (Ot).

## 2. AS A THERAPEUTIC AGENT

The agent has gained for itself a definitely established place in therapeutics. While fresh air, hygiene and diet yet remain the most important factors in the cure of tuberculosis, tuberculin is a very potent adjunct. It is in the various forms of surgical tuberculosis, particularly of the genito-urinary tract, that it is finding its greatest field of usefulness. The pharmaceutical houses are now putting it up in graduated doses, making it readily available for use by the practitioner.

The main consideration is that of the dosage. With reference to this, there are two schools of opinion: first, that of Trudeau, which begins with about 0.0001 or 0.00001 mg., gradually increasing to the limit of toleration, 1 or 2 mgs.; the other, lead by Wright, making 0.001 mg. the maximum. The latter school at least has the merit of greater safety, and appears to have the favor of the majority of those whose experience gives them the right to speak.

As has been said, the febrile cases

are unsuited for the administration of tuberculin. In these cases, the persistent use of the autogenous vaccines (sometimes in alternation with tuberculin) is now recommended (Watters, see abstr. *The Journal*, April-June '12, p. 165), since the pronounced febrile conditions are usually due to secondary infection.

Tuberculin is contraindicated in all far advanced or rapidly spreading processes, and when the patient is generally debilitated. It should be administered with caution in "young tuberculous subjects with actively incipient lesions, since frequently the injection of very minute doses produces a most vigorous reaction, whereas large doses in old subjects do not produce any reaction at all." (Ritter, J. A. M. A., July 8, '11).

#### SERUMS AND VACCINES IN OTHER DISEASES—STAPHYLOCOCCUS AND STREPTOCOCCUS INFECTIONS

In the past few years there have been many clinical experiments with the staphylococcus vaccine in the treatment of boils and carbuncles, and the reports have on the whole been favorable. A special acne vaccine is also being used.

The streptococcus (mixed strain) is being employed in scarlet fever (see Nichol, *Am. J. Dis. Chil.*, July, '11), puerperal infections and other streptococcus infections. The antistreptococcic serum seems to be less efficient than the vaccine. And while there have been some undoubtedly good effects in the cases of both the serum and the vaccine, the whole matter must be said to be in the experimental stage.

#### GONOCOCCUS INFECTIONS

Both the serum and the vaccine are used, but the weight of testimony favors the latter. The best effects are seen in gonococcic arthritis especially in the subacute and chronic cases. In this particularly disabling disease, the vaccine is worthy of trial.

Additional remarks will be found under Gynecology.

#### DIPHTHERIA

The serum therapy of this disease is, of course, thoroughly established. The unfavorable reaction occasionally following its use is now known to be non-specific and anaphylactic in character (see Anaphylaxis). Perhaps the only new thing to be recorded concerning it is the recommendation of Cumberlege that the administration is accomplished just as efficiently by mouth as by injection. He even claims advantages for the oral route in the case of very young children and in bad heart cases. For details the reader is referred to an abstract in the October-December, 1911 issue of the *Journal*, p. 403.

#### COLON INFECTIONS

The vaccine of the bacillus coli is recommended in obstinate cystitis, in the acute nephritis and pyelitis of pregnancy and in the colon forms of puerperal fever. White reported a case of severe septicemia following the employment of colon vaccines. On the supposition that diabetes may be a colon infection, Wright suggests the use of appropriate vaccines.

## TYPHOIDS

The results in the immunization against typhoid are nothing short of brilliant. It is now being used in all the large armies of the world, especially in the British African service. There is much yet to be learned about the successful production of a vaccine in the active treatment of the disease. At present, the best effects are seen in the stage of relapse, and in the treatment of typhoid carriers.

## PNEUMONIA

The status of the serotherapy of pneumonia is not settled, although the literature of the past two years contains a few articles in which reduction of the severity of the symptoms by the use of a vaccine has been claimed. The benefits have seemed most pronounced in cases which ran a protracted course.

## CEREBROSPINAL MENINGITIS

While this review is in course of preparation, an epidemic of cerebrospinal meningitis is being combated with the Flexner serum. The reports are too late for elaborate discussion in the present review, but this and future issues of the Journal will contain original articles dealing with the matter to which the reader is referred.

## 3. SALVARSAN

The titles, alone, of all the articles on salvarsan in 1911 would make a bulky volume, therefore no extensive bibliographical citations will be made. While sufficient time has not elapsed to definitely fix the status of "606," the recorded experience of this second year of its existence has served

to establish some of its possibilities and many of its limitations. Many improvements in the technique of mixing and administration have been introduced.

It cannot be said that "606" has attained the expectation of Ehrlich, —*therapia sterilisans magna*,—that is to say, the complete destruction of the infection at one stroke. Those whose opportunities for observation are largest agree that by no means can we yet discard mercury and the iodides even when salvarsan is given; in fact, the best results are obtained when these well-tried agents are administered in conjunction.

As might be presupposed the drug is not without toxic effects. Up to December, 1911, there had been some eighty odd deaths recorded as due to amidoarsenobenzol. Undoubtedly, there will be much fewer fatalities in the future because of the greater familiarity with the contraindications, and increased care in the proper selection of cases. All prospective recipients of "606" should be subjected to rigid physical examination with especial reference to the kidneys, the arteries, and the visual apparatus. It is only fair to say that many of the unhappy occurrences marked against salvarsan have been in cases extremely unfavorable for its use, as for example, in patients greatly debilitated. Blindness subsequent to the injection of the Ehrlich remedy in several instances on close analysis has been found to be due to the advanced stage of the luetic infection rather than to any toxic action of the drug

itself. There are authentic records of an advancing syphilitic optic atrophy being arrested by the administration of "606," which goes far to show that the substance is not so prone, *per se*, to cause blindness. Indeed, Ehrlich and Wechsellmann regard salvarsan as no more toxic than mercury.

One of the most annoying incidents connected with the employment of the drug is the tendency, sometimes even with very careful technique, to the formation of troublesome necroses at the site of the injection. This is especially liable to happen if the patient is anaemic and run down. It only needs to be hinted that such patients should receive preliminary treatment with iodide of iron and general tonics before receiving salvarsan. These necroses have occurred less frequently when the point of injection was the gluteal muscle than when the subcutaneous scapular location was selected.

In the last few months the intravenous method of administration is being generally adopted, thus doing away with the objectionable features of the subcutaneous and intramuscular methods. The dangers of intravenous medication have been touched upon; one should be familiar with the technique since the dangers of embolism is real.

Acute nephritis has been reported to have followed the injection of "606." It is to be supposed that there was a pre-existing latent or unrecognized disease of the kidney. If there is any doubt as to the suf-

ficiency of the kidneys the drug should not be administered.

It was at first hoped and thought that a single dose would suffice for the cure of any luetic infection, but this hope has not been realized. It is now advised that several doses be given in each case. Some authorities give three to four and even more injections at intervals as close as two weeks apart in severe cases. (v. Rytina, N. Y. M. J., March 4, 1911.)

"The Action of Salvarsan upon the Wasserman Reaction" is the title of an interesting paper by Fox (Boston Medical and Surgical Journal, June 1, 1911) based on ninety-three well studied cases.

The most important conclusions formulated by him are:

1. The action of salvarsan is analogous to that of mercury; that is, it tends to make it negative.

2. The clinical symptoms, however, subside much more rapidly than the reaction.

3. Permanent disappearance of the reaction is most surely obtainable by repeated injections.

Gottheil (New York State Journal of Medicine, June, 1911) gives the indications and contraindications for the use of salvarsan in syphilis:

#### INDICATIONS

- (a) In early cases of specially severe type, in which the disease manifestations are multiform, or follow each other with great rapidity, or do not seem controllable by efficient and mercurial treatment.

- (b) In cases of persistent or recurring infective lesions like mucous patches, in which the danger to the patients' surroundings must be minimized by the quickest possible removal of the infective foci.

(c) In cases in which circumstances do not permit persistent and prolonged mercurial medication, as in travelers, prostitutes, etc.

(d) In cases of late syphilis of especially obstinate or recurrent type.

(e) In cases in which immediate and most energetic action is required to save an organ or to prevent irreparable tissue damage.

(f) In the rare cases in which mercury does not act, or in which it cannot be given.

#### CONTRAINDICATIONS

(a) In the ordinary run of cases of syphilis, on account of our ignorance of its permanent action on the disease and of its dangers, and because we possess other harmless, perfectly efficient and well understood means of medication.

(b) In cases that have lesions of the internal organs, more especially of the kidneys or of the eyes.

(c) In cases suffering from the after-effects of syphilitic processes when permanent organic changes have occurred.

Some writers have reported good results with arsenoamidobenzol in pellagra; others of equal experience have seen no determinate effects. An article by Winthrop and Cole (Journal American Medical Association, June 17, 1911) gives an excellent resume of the status of "606" in pellagra.

Various authors have reported more or less favorable influence of salvarsan in several other diseases as malaria, psoriasis, anaemia, leukemia, and lupus. The results obtained are probably not specific for "606," but are due to its arsenic content. Furthermore, syphilis could not always be excluded.

#### 4. OTHER ARSENICAL PREPARATIONS IN SYPHILIS

Orsudan and soamin are two

arsenical preparations which have had a certain vogue, particularly in England. They possess undoubted therapeutic efficiency, but are destined not to enjoy a wide field of usefulness on account of their toxicity and aptness to cause optic nerve degeneration.

Sodium cacodylate, said to be the least harmful of all the arsenical derivatives, has been subjected to extensive trial and the results obtained by various writers have been somewhat divergent. Thus Nichols (Journal American Medical Association, February 18, 1911) finds experimentally that the remedy is without spirillicidal effect, while Spivak concludes an interesting paper as follows:

1. While its action is not as rapid as that of salvarsan, it accomplishes results not unlike those of that agent.

2. The human system can take in as much as 100 grains of sodium cacodylate in three weeks without signs of arsenical poisoning.

3. The drug should be given for effect, beginning with three grains daily and increasing as results are noted.

4. Most potent in the early stages of syphilis. On the rupia and tertiary lesions, sodium cacodylate has practically no effect.

5. Immediately after the patient has had his course of injections he should be placed on mercury, otherwise the external manifestations recur. It is well to alternate a course of mercury with a course of cacodylate injections. The two drugs seem to be synergistic, one has a

stronger effect in the presence of the other.

6. The effect on the Wasserman is practically nil.

7. Sodium cacodylate is cheap, easily prepared, and easy to administer.

On the whole it may be stated that the preparation has considerable value and is adaptable to cases in which the old "mixed treatment" seems to lack efficiency, and in which there are contraindications to the more potent salvarsan. J. B. Murphy believes it to be especially serviceable in bone syphilis and the reviewer has seen two brilliant successes in such cases.

#### 5. SCARLET RED

This substance, in the form of an ointment or a powder, has been recommended as a stimulant to the regeneration of epithelium over denuded surfaces, for example, those produced by burns. It is obtainable on the market in the form of an ointment and certainly has seemed to have made a place. Davis (Johns Hopk. Hosp. Bull., July, '11) has made an extensive clinical and experimental study of the agent. He states, conservatively: "Scarlet red will not heal every wound, but in the majority of the cases when applied with proper technique, will cause epithelial stimulation in the edges of the most sluggish wounds, and give a rapid healing which is stable and resistant, and which has the macroscopic and microscopic appearance of normal skin. There is no tendency to subsequent retraction, and the skin becomes movable on

the underlying tissues within a reasonable time."

#### 6. HEXAMETHYLENAMIN (Urotropin)

This is one of the few drugs that have formed a real addition to our therapeutic stock. Thorough pharmacologic and clinical studies in the past few years have demonstrated that formalin may be found in the blood and practically all the secretions of patients who have received the drug in appropriate amounts. The physician may prescribe it with the assurance that he is going to get a definite antiseptic effect on the blood and the principal secretions, as the urine, the bile, the saliva, the cerebro-spinal fluid, the middle ear and the nasal secretions. The dose must be sufficiently large, and one should not expect much effect from an amount under 20 grs. per diem; in severe infections the dose may with profit be carried much higher. As with all other drugs in extensive use, there will be occasional reports of idiosyncrasy,—of toxic action, but there have not been a sufficiently large number of observations of untoward effects to warrant much fear in reasonable dosage.

The only recorded clinical instance of toxic action, so far as we have been able to find, comes out as this section is being finished. Fullerton (J. A. M. A., Jan. 13, '12) gives the account of a case of a pregnant woman in which strangury and severe hematuria occurred following the administration of 200 grs. of helmitol (hexamethylen-citrate) in four days.

Although reports of such untoward action are scanty, it is believable that there may be not a few unrecorded instances, since the compound is broken up in the body into ammonium and formalin both of which have irritating qualities.

Grundrum (Cal. State Journ. of Med., July, '11) informs us that this valuable drug produces very little irritation when injected hypodermically and he has many times thus employed it when it was inconvenient or objectionable to give it by mouth.

#### 7. THE EXTRACTS OF THE DUCTLESS GLANDS

The developments in this field have been scarcely less important than those in serum therapy and in synthetic chemistry. Since Takamine discovered and perfected the use of epinephrin (adrenalin chloride) the active principles of all the ductless glands have been subjected to thorough pharmacologic and pharmaceutic tests, so that we now have pituitary extract, thymus extract, thyroid extract, extract corpus luteum, etc. Adrenalin chloride and thyroid extract are now well established therapeutic agents; we may therefore properly confine our remarks to the more recently introduced thymus extract, pituitary extract, and corpus luteum.

Among the reports with reference to thymus, interesting is that of Nathan (abstr. The Journal, July-Sept, '11), who claims that it is one of the best agents in the chronic osteo-arthritis, and in all patients in whom the nutrition is

below par. Ott and Scott, in a series of experiments, showed that it had definite galactagogue action.

The literature of the year has teemed with references to the pituitary gland. This structure, otherwise known as the hypophysis cerebri, lies at the base of the brain in the sella turcica of the sphenoid bone. It is composed of three lobes:

1. The Anterior, *pars glandularis*, developed from the primitive pharynx. Disease of this lobe is associated with acromegaly or gigantism.

2. The Intermediate Lobe; developed in connection with the anterior lobe. The part has an apparent reciprocal relation to the thyroid gland, secreting a colloid substance, which is increased after experimental thyroidectomy.

3. The Posterior Lobe, *pars nervosa*; developed from the floor of the fourth ventricle.

The active principle is derived from the posterior lobe, and its chief physiological effect is the raising of blood pressure.

The extract certainly has genuine value in the treatment of surgical shock. Ross, among others, especially the Germans, has had happy experiences with pituitary extract in uterine inertia, this agent being capable of markedly stimulating uterine contractions. Lastly, there are a sufficient number of reports at hand to show that post-operative ileus may be prevented and perhaps remedied by the exhibition of pituitary.

A word as to the peristaltic hormone (Zuelzer). Although highly

vaunted by its originators, the results of clinicians in other parts of the world have not corroborated the earlier reports of the effectiveness of the hormone in chronic constipation.

For the sake of convenience, corpus luteum extract will be treated of under gynecology.

#### 8. VASCULAR HYPERTENSION

A few words will be devoted to the question of high blood pressure, its estimation, its importance in the production of symptoms, and the methods of its reduction. The current year has seen a notable access of interest among general practitioners as well as internists and surgeons. One of the best articles on the subject is by Elliott (*Ther. Gaz.*, Dec., 1911). This author offers the timely warning that high pressure in the cardiovascular system is often physiologic for the needs of the particular individual in whom it is found, and therefore it is not always in itself an indication that active measures for its reduction should be attempted. Moreover, the symptoms accompanying it are frequently due almost entirely to the underlying conditions, as nephritis, arteriosclerosis, emphysema, plumbism, gout, etc. High pressure has been repeatedly demonstrated in persons who were practically symptomless. Admitting the lack of positive knowledge as to the etiology, Elliott merely expresses the generally accepted belief that pathologic hypertension is due to circulating toxins. The important role of hygiene and diet in the control of the condition is emphasized. The author firmly believes that tobacco has a

definite effect in elevating pressure and its use should be interdicted. Exertion is to be avoided, but a certain regulated amount of exercise must be indulged in. For patients who seem to have poor reactive powers, daily massage is beneficial. For the inveterate cases a periodic rest in bed for a week on a low diet will accomplish more than any other measure. The warm bath and resulting sweat have long been known. The essentials in the dietetic regime should be: 1. Reduction in the total quantity of food, varying, of course, with the circumstances of the individual case. 2. Limitation of proteins. The bulk of the diet should be made up of cereals, vegetables, fruits, farinacea; coffee and alcohols excluded. If meats are allowed at all they should be boiled, since the extractives have potency in raising pressure. 3. Fluid restriction. This depends on the sufficiency of the kidneys. There need be no great restriction in the quantity of liquids unless the twenty-fourth hour collection shows renal incompetence, or there are signs of inadequacy of the heart. 4. Salt restriction. Excessive amounts of salt increase blood pressure by increasing the viscosity of the blood. Ordinary seasoning is not to be inhibited unless there is edema when it should be temporarily excluded.

Another article worth quoting is that by French (*Clin. Jour.*, July 5, 1911), dealing with the value of digitalis in this condition. He brings out the clinical point that contrary to a priori reasoning, this

drug serves a useful purpose in beginning heart failure, even though the pressure reading be high, relieving the subjective discomforts of the patient. As would be expected, the sphygmomanometer may show an additional rise and one might also fear that the possibility of apoplexy would be increased, but this does not seem to have occurred practically. He lays stress on the periods of fasting and occasional free purgation. It will be seen that drugs for the reduction of pathologic tension have not been given much prominence. In fact, the composite opinion as gathered from a rather extensive survey of the literature, would seem to be that the role of drugs is quite secondary. While nitroglycerin and the nitrites are capable of temporarily reducing high pressure, they are of little practical value in the treatment of chronic hypertension. The iodides are favored. Matthews (Edin. Med. Journ., Mch., 1911) has made a detailed study of the effects of iodides in lowering pressure, and drew the following conclusions:

1. Iodides have a marked hypertensive action in high blood pressure with arteriosclerosis.
2. In advanced arteriosclerosis with high blood pressure, iodides have little or no hypertensive action.
3. Iodides act as vasodilators.
4. To produce a beneficial effect in hypertension, ten grains of KI should be the initial dose. This should be rapidly increased if necessary.
5. Organic iodides in the doses ordinarily mentioned contain too

little iodide to be of service. Only in cases in which the iodides are contraindicated by alimentary disorders should sajodin be substituted in the corresponding dose.

In closing this discussion, the reviewer wishes to add a word in favor of the more general use of the sphygmomanometer. The instrument is now procurable at a moderate price, and requires no special training for its use. Certainly, ones results with it become more satisfactory with experience, just as the pulse will give more information after years of practice. In cases in which it is used its superiority over mere guess-work is the same as that of the clinical thermometer over estimating the degree of temperature without it.

In many of the acute infections, particularly pneumonia (see Goodman and Pittman, *Ther. Gaz.*, July, '11), the estimation of the state of pressure is of considerable prognostic import. A statement made by Gibson, which has in my own work been confirmed, is worth quoting:

A pressure appreciably below the normal in pneumonia is invariably of evil omen, and any considerable fall bodes disaster. When the arterial pressure as expressed in mm. of mercury does not fall below the pulse rate, expressed in beats per minute, the facts may be taken as of excellent augury, while the converse is equally true.

#### 9. THE CARDIAC ARYTHMIAS

In no field of internal medicine has more work been expended of the underlying physiology than that which concerns the heart. General practitioners, especially those of the older school, are prone to feel that

the knowledge of minute anatomy and physiology are not applicable to clinical heart. The principal reason for this is that, first, much in the past has been controversial, and, second, although the atmosphere of the subject is becoming settled, the pathologic physiology of the heart remains a very complicated study. That it will repay mastery, nay, is necessary to the proper interpretation of the cardiac arrhythmias, is the contention of M. Schulman (J. A. M. A., October 7, '11). This writer covers the pathologic physiology and the clinical aspects of the matter rather fully, and the reviewer takes the liberty to offer a full abstract and comment on the paper.

First of all, this author, with practically all physiologists and internists at the present time, assumes the myogenic theory of cardiac action to be the correct one. The researches of His, Keith, Flack, Tawara, McCollum and others have shown the heart to possess certain highly specialized strands of muscles, considered to be remains of the original cardiac tube.\* These are found to be distributed as follows:

(1) The sinoauricular node, "the peacemaker of the heart," situated at the mouth of the superior vena cava. This is normally the most irritable part of the tissue, the contraction being initiated there and is passed thence to the rest of the organ. The normal cardiac rhythm following the above course is known as the fundamental or sinus rhythm. (2) The auriculoventricular node, situated in the wall of the right auricle, near the mouth of the coronary sinus, which gives rise to the auriculoventricular bundle or bundle of His. This bundle, the function of which is to convey the impulse from auricle to ventricle, passes to the auriculoventricular septum and divides into two limbs, one extending down the right ventricle, the other the left.

Cardiac muscle is possessed of the following functions:

1. The power to produce a stimulus which will excite the heart to act, stimulus production. 2. Excitability. 3. Conductivity. 4. Tonicity.

Corresponding disturbances in rhythm occur which are tabulated thus:

TABLE SHOWING DISTURBANCES OF RHYTHM IN RELATION TO THE SEVERAL CARDIAC FUNCTIONS

NORMAL CARDIAC FUNCTION	RESULTING ABNORMALITY, WHEN CORRESPONDING FUNCTION IS DISTURBED	
1. Stimulus production	Sinus irregularity	Youthful irregularity
2. Excitability	Extrasystole	Auricular Ventricular Auriculo ventricular

\*This point very recently is the subject of warm dispute.

NORMAL CARDIAC FUNCTION      RESULTING ABNORMALITY WHEN CORRESPONDING FUNCTION IS DISTRIBUTED

		Sino-auricular Interventricular (hemisystole) Auriculoventricular (functional) (organic)
3. Conductivity	Heart-block (partial or complete)	
4. Contractility	Pulsus alternans  Absolute irregularity Pulsus irregularis perpetuus	
5. Tonicity	(Auricular fibrillation, Nodal rhythm).	

It is possible by careful study of the heart, venus pulse, and arterial pulse, to differentiate these clinically without the aid of the various "graphs" and "grams."

#### 1. SINUS, OR YOUTHFUL IRREGULARITY

(Disturbance of Stimulus Production).

This arhythmia is analogous to that produced physiologically by deep inspiration (acceleration) and expiration (retardation) and is pathological only when it occurs with quiet respiration. There is no disease of the heart itself but is a reflex, acting through the vagus nerve, its inhibitions coming to the sino-auricular node at varying rate. It is usually symptomless, occurring in young individuals, neurasthenics, and convalescents from acute infectious diseases (especially influenza). The prognosis is good, even though accompanied, as it sometimes is, by syncope. 1-60 gr. of atropin-sulphate usually causes a sinus irregularity to disappear. Glycerophosphate sodium grs. V t. i. d., fresh air, good food, iron,

and interdiction of sexual excess constitute the treatment.

#### EXTRASYSTOLE

(Disturbance of Excitability)

If the irritability of some of the other strands are unduly accentuated, one or more of the fundamental beats may be dropped. This is due to the extra beat originating from the abnormal points of irritability. An extrasystolic beat is always premature, encroaching on the diastole or rest period in the heart's action, therefore, extrasystolic contractions are never as strong as a normal contraction. Indeed, the contraction may be abortive and not appreciable at radial pulse. This abortive extrasystole, however, takes the place of the contraction that would normally occur, as is followed by a compensatory pause. Then follows an abnormally strong contraction. Schulman, in a simple manner, illustrates the condition as it occurs clinically. He says:

"If the normal cardiac sounds may be represented as 1-2.....1-2... ..1-2..... etc., in case of extrasystole they are 1-2-3-4. ....1-2....1-2, etc., or when a

very feeble extrasystole, 1—2—3....1—2.. 1—2. Also 3—4 are feebler than 1—2."

Extrasystole is found in hearts with myocardial diseases, and does not occur earlier than the age of maturity. There is usually a slow-acting, sclerotic heart. The most common exciting causes are dyspepsia, flatulence, indicanuria, and the abuse of tobacco.

There may be no symptoms. But neurotics may notice "palpitation" or a "thumping," corresponding to the abnormally vigorous extrasystole.

The prognosis depends on the gravity of the myocarditis which, in most instances, underlies it. A knowledge of the existence of the lesion is a source of worry to nervous patients, and the increased nervous excitability reacts injuriously on the heart trouble.

The treatment should first take into consideration the nervous element and worry and sleeplessness must be guarded against and nerve tonics given. The exciting causes must be treated. The interdiction of tobacco is often of itself sufficient to indicate digitalis; this drug should be given in rather small doses. Large doses may add functional heart-block to the existing trouble. The same holds for strychnin, 1-120 grs. being the maximum safe dose. Better are sodium bromide 20 grs., t. i. d. and potassium 5 to 10 grs.

#### HEART-BLOCK

(Disturbance of Conductivity)

This depends on interruption of the contraction wave which traverses the bundle of His. We can easily

conceive of various organic causes, as, localized sclerosis or degenerations and gummata, affecting the bundle. Functional heart-block is due to over stimulation of the vagus, most commonly in too prolonged administration of digitalis.

The condition is recognizable by the slow pulse, and in advanced cases by the presence of the Stokes-Adams syndrome (vertigo, syncope and epileptiform attacks, with a very slow intermittent or regular pulse).

Except when functional, due to digitalis or syphilitic, the prognosis is bad. Digitalis is always contraindicated.

#### PULSUS ALTERNANS

(Disturbances of Contractility)

This irregularity is one of force rather than of rhythm and is apt to occur with the others, especially extrasystole. Found in defective or overworked hearts, as in mitral stenosis, nephritis, and the elderly with high tension. The pulse waves alternate in height. The symptoms are usually lost in that of the coexisting lesions, but in the pronounced types is a distressing sense of choking or smothering. The distress is distinctly aggravated by all exertion.

The indications are complete rest, mental and physical, reduction of blood pressure, avoidance of flatulence, avoidance of digitalis, KI ten grs., t.i.d.

#### FIBRILLATION, NODAL RHYTHM

(Disturbance of Tonicity)

In this condition there is absolutely no rhythm. It may be transient or paroxysmal, but the progno-

sis is always grave. The rapidity of the pulse and its irregularity are usually in direct proportion.

No matter what the disease, digitalis is the drug indicated best for the infusion if the stomach will tolerate it. Free catharsis with magnesium sulphate and sometimes sodium chloride restriction are the only other indications.

### SUMMARY

To sum up, we must note the following points:

1. A disturbance of cardiac rhythm does not, in itself, indicate a bad prognosis.

2. A disturbance of cardiac rhythm, in itself, is no indication for the institution of treatment directed to the heart.

3. It is necessary to analyze a cardiac irregularity, so as to determine which of the types mentioned in Table 1 is present, for the prognosis and treatment depend on the type of disturbance. While for purposes of research, close study and further elucidation of the cardiac irregularities, they should be analyzed with the aid of polygraphs and electrocardiograms, it is nevertheless, in most cases quite possible to determine which type of irregu-

larity we are dealing with by the use of a simple Jacquet or Dudgeon sphygmograph, instruments that can be conveniently carried in the pocket. Indeed, after a little experience with such an instrument it becomes possible to judge the type of irregularity present by the simple finger palpation of the radial pulse combined with stethoscopic examination of the heart.

4. Do not rush to digitalis as soon as a pulse irregularity is discovered, for in most of the types, it is contraindicated.

5. When auricular fibrillation accompanies symptoms of cardiac failure, digitalis is the drug strongly indicated.

6. When in case of cardiac failure, you are certain that digitalis is required, use it in sufficiently large doses and get a good, fresh preparation. The chief reason that the infusion is more often effective than the other preparations is that it is used in larger doses. Thus, few of us prescribe less than half-ounce doses of the infusion, given three times a day, yet few prescribe as high as four minimum doses of the fluid extract three times a day, although it is more than the equivalent of the half-ounce of infusion.\*

### PERSONALITY

Some private distinctiveness of thought is necessary to produce personality in an individual, and without personality human units are not persons, but things,—pawns in the game of life—driftwood of society—derelicts in the sea of time—foot-

balls of circumstance—slaves of fashion—hewers of wood and drawers of water. So with the races. A race must produce philosophers of its own blood to formulate for it an ethnic consciousness before it can win the respect of mankind, and count one among the tribes and peoples of the earth.—C. V. Roman.

\*To be continued—Volume IV. No. 4.

## ITEMS OF INTEREST

Married: Mr. R. C. McPherson to Dr. Gertrude Curtis, April 8, 1912, by Rev. H. C. Bishop, at 188 West 135th Street, New York City.

Removals: Doctor H. M. Griffin to 109 West 132nd Street; Dr. J. Cambridge Ritter to 55 West 140th Street, New York City.

In examinations for tuberculosis the patient should be made to cough at the end of both inspiration and expiration.

In using the stethoscope one is frequently misled by hearing fine crepitant sounds; these are frequently produced by friction between the instrument and the chest wall; to obviate this it is best to wet both the skin and the surface of the instrument.

Tincture of iodine is highly recommended as a local application for the inflamed throats of children. For very small children it should be mixed with glycerin, equal parts.

After eleven years of successful services, Dr. C. Summer Wormley has retired as head of the department of dentistry at Howard University. During his regime Dr. Wormley brought the department to a high degree of efficiency, and there is sincere regret that he has found it necessary to sever his connection with the department.

At the recent commencement exercises of Freedmen's Hospital Training School, six nurses were graduated.

At a recent meeting of the Richmond branch of the anti-tuberculosis league of Virginia, the following officers were elected: W. H. Hughes, M. D., president; Prof. D. W. Davis, general secretary; P. B. Ramsey, D. D. S., treasurer.

The Medico-Chirurgical Society of Greater New York recently donated \$50.00 to Tuskegee for student support.

Dr. E. C. Howard, the oldest practitioner in the city of Philadelphia, died at that place, May 10th, of diabetes, at the age of 66. Dr. Howard was a graduate of Harvard Medical School.

At the June session of the Philadelphia Academy of Medicine and the Allied Sciences, Dr. C. A. Lewis read an interesting paper, "The Best Means of Combating Tuberculosis." Discussion was opened by Dr. C. T. Branch, of Camden, N. J.

It is not considered advisable to inject cocaine into the urethra after instrumentation; the lacerated mucous membrane permits of the rapid absorption of the fluid with possible toxic effects.

A felon may be aborted by covering the end of the finger with cotton saturated with alcohol and covering over the whole with a rubber finger cot.

The graduating exercises of the Training School of Nurses of Douglass Hospital were held June 19th. There were five graduates.

Dr. I. Garland Penn, who was instrumental in the organization of the National Medical Association, was recently elected Secretary of the Freedman's Aid Society.

Dr. B. C. Truitt, of Philadelphia, is the only Negro district physician of the city; his appointment is made through the Board of Health.

Cabot of Boston makes the following observations: A cardiac murmur is per se not diagnostic of cardiac disease, but other local and systemic symptoms must be considered.

A "functional" heart is made better by exercise; an "organic" heart is made worse.

Cardiac percussion to determine the "outlines" of the heart are of no practical value, but few men are able to do it accurately and definitely. The position of the apex is the point of value; this, however, is not the point of visible pulsation but the point of least impulse; the determination of this point will be an accurate conception of the degree of enlargement of the heart.

The determination of blood pressure gives a very valuable idea of the real condition of the heart.

In 1911 New York spent the enormous sum of \$3,550,000.00 in the warfare against tuberculosis. Expenditures in other states were as follows: Pennsylvania, \$2,265,000.00; Massachusetts, \$1,108,000.00; Colorado, \$746,000.00; Ohio, \$722,000.00; California, \$670,000.00; Connecticut, \$597,000.00; New Mexico, \$590,000.00; Illinois, \$474,000.00; Maryland, \$390,000.00.

The American Association for Labor Legislation held its second National Convention on Industrial Diseases, in the city of Atlanta, June 3-5, 1912. Among the topics discussed were the following: Health Problems in Modern Industry. Government Responsibility for Occupational Diseases; Physicians and Economists Join Hand for the Prevention of Industrial Disease.

The annual meeting of the Massachusetts Medical, Dental and Pharmaceutical Association was held June 10th in Boston. The following officers were elected: Dr. C. N. Garland, president; Dr. I. S. Roberts, first vice-president; Dr. C. W. Harrison, second vice-president; Dr. E. I. Wright, secretary; Dr. W. A. Cox, treasurer; councillors: Dr. H. G. McKerrow, Dr. Wm. C. Lane, Dr. S. E. Courtney, Dr. T. E. A. McCurdy and Dr. W. H. Ross; delegate to the National Medical Association, Dr. J. B. Hall. The "toasts" were as follows: "The Specialist versus the General Practitioner," by Dr. S. C. Fuller, pathologist to the Westboro State Hospital for the Insane;" "The N. M. A.

and its Journal," by Dr. T. E. A. McCurdy; "The Boston City Hospital," by Dr. Frank Holt, assistant superintendent of Boston City Hospital; "The Influence of the Local Society through its Public Meetings," by Dr. E. I. Wright.

Dr. and Mrs. Alfred P. Russel, of Boston, were presented with a girl on April 10th.

The Barnett Hospital at Huntington, W. Va., was formally opened to the public on Wednesday, April 24th.

Dr. R. C. Harrison, of Kimball, W. Va., and Dr. W. H. Ambrose-Barret, of Keystone, W. Va., have recently been in attendance at the Howard University Post-Graduate School.

Dr. George Marshall, of New York, was recently married to Miss Catherine Mason, of Washington, D. C.

#### National Medical Body Opposes Owen Bill

The National Eclectic Medical Association, recently in session in Washington, decided to levy an assessment of \$1 upon each member to secure a special fund to fight what may be considered inimical legislation, that may be proposed in the various states. The Association also went on record against the Owen bill for a department of health, contending that it is intended for the interests of the American Medical Association, and that the passage of such a bill would ultimately lead to compulsory medication.

#### NEW YORK ITEMS

Mrs. Mollie Roberts, wife of Dr. E. P. Roberts, a member of the

Board of Health of New York City, died July 10th after an illness lasting more than two years.

The regular monthly meeting of the Medico-Chi for May was held at Hotel Marshall. The paper was by Dr. A. S. Reed; subject: "Typhus Abdominalis in Children."

A special meeting of the Medico-Chi for the election of officers was held at Gross' Catering Parlors on June 10th. At this meeting plans were discussed for uniting the Medico-Chi and the Aesculapian Medical Societies. A committee was appointed to confer with a committee of the Aesculapian. Then if one good, strong society can be organized, it is hoped to organize a Tri-State Association with the North Jersey, New York and Connecticut or South Jersey, or a Bi-State Association with New York and North Jersey societies. The association will meet once a year and alternate its place of meeting.

The April meeting of the Aesculapian Medical Society was held at 517 Lenox Avenue. Paper by Dr. R. S. Taylor, subject: "Diagnosis of Ectopic Gestation."

At the May meeting the paper was by Dr. A. A. Kellogg, subject: "Sodium Cacodylate and its Therapeutic Uses."

The June meeting is to take the form of a symposium: "The Making of a Good Physician." Short papers as follows: (1) "The Duty of one Physician to Another," by Dr. W. H. Washington, of Newark. (2)

"The Relation of a Physician to His Patient," Dr. E. T. Saint John. (3) "The Relation of a Physician to the Community," by Dr. Saint Clair Jones. (4) "The Physician as a Business Man," by Dr. Leo Fitz Nearon.

The McDonough Memorial Hospital Association is succeeding in getting the Negro public interested in the movement to erect a hospital here. At the meeting of the Association held June 13th the treasurer's report showed \$1,382.01 to the credit of the Association.

The first ball in 1911	
netted	\$ 532.35
A Beef Steak Dinner,	10.50
The second ball in 1912	459.35
The Alpha Bowling Club	
donated	25.00
Ladies' Auxiliary No 1	
contributed	85.48
Membership fees	40.00
Donations, collections and	
dues from members at	
meetings	195.00
In Bank to credit of Old	
Association	160.18
Donations, Mrs. Ann M.	
Moss, of Dobbs Ferry	1.00
Total	\$1,508.86
Total expenses	126.85
Balance	\$1,382.01

The Amsterdam News, the Negro journal of Harlem, gives a big benefit in the interest of the Hospital at Manhattan Casino on July 12th.

Young's Casino, being erected on Madison Avenue and 134th Street,

owned and operated entirely by Negroes, will give the proceeds from its opening on July 1st or 10th to the McDonough Memorial Hospital Association and three other charitable organizations.

#### NEW JERSEY ITEMS

The members of the North Jersey Physicians' Auto Club recently made a trip to Lincoln University to attend the commencement exercises of the institution.

Dr. George E. Cannon, of Jersey City, has been elected president of the Alumni Association of Lincoln University.

Miss Isabella Vandervall, of East Orange, who has just completed her first year at the Woman's Medical College, New York, was awarded the prize for the highest general average in her class.

The April meeting of the North Jersey Medical Society was held at the residence of Dr. J. C. Anderson, Plainfield; the following papers were read: "The Diagnostic Significance of Pelvic Pain," by Dr. George E. Cannon, Jersey City; "The Treatment of Uterine Displacements," by Dr. J. R. Stroud, Jersey City; "The Treatment of the Complications of Fibroids and other Uterine Growths," by Dr. James F. Lawson, Plainfield.

The May meeting was held at the residence of Dr. J. L. Baxter, Newark. This being the annual meeting, new officers were elected for the ensuing year as follows: President, W. H. Sutherland, D. D. S.;

vice-president, George E. Cannon, M. D.; secretary, J. F. Stroud, M. D.; delegate and essayist to the National Medical Association, W. G. Alexander, M. D.

At this meeting the Society was favored by the presence of the distinguished gynecologist, Dr. Edward J. Ill, of Newark, who read a most interesting and valuable paper, "The Emergencies of Gynecology." The essayist related many interesting personal experiences, showing how presence of mind and adaptation to circumstances would frequently save both the patient and the doctor's reputation.

The June meeting was held at the residence of Dr. George E. Cannon, Jersey City. The following papers were read: "Repair of the Perineum," by Dr. H. J. Burnett; "Repair of the Cervix," by Dr. W. H. Washington. The officers elected at the previous meeting were installed, and the president, Dr. W. H. Sutherland, in his inaugural address, outlined many plans for improvement for the coming year, the most important of which is the formation of a state society.

#### CHICAGO ITEMS

The city of Chicago has established a Tuberculosis Dispensary in connection with Provident Hospital Dispensary; it will be open two days per week. Dr. Gardner is the physician in charge and Dr. A. W. Williams is the associate physician. The Dispensary has been open about one month and already has an attendance of more than twenty-five per week.

Dr. Roy M. Young, a recent graduate of the Dental School of Northwestern University, has opened offices at 3255 State Street, in connection with Dr. A. W. Williams.

Dr. N. F. Mossel, of Philadelphia, was recently in attendance in Chicago at the conference of the Association for the Advancement of Colored People.

Dr. U. G. Mason, of Birmingham, Alabama, and Dr. W. F. Penn, of Atlanta, Georgia, were delegates to the Republican National Convention at Chicago.

Dr. A. L. Smith, who has spent the better part of a year in the South for his health, recently returned to Chicago and was tendered a surprise by a large number of physicians and druggists.

The annual banquet of the Physicians, Dentists and Pharmacists Club marked the close of the most successful year in the history of the organization. Every member of the club realizes the vital necessity of the society and the marked improvement in the character and quality of the papers presented during the past year is irrefutable evidence of the value of such organizations.

Dr. A. W. Williams is enrolled at the University of Chicago summer school.

Drs. Jas. R. White and A. W. Williams were recently appointed on the Medical Staff at Provident Hospital by the Board of Trustees.

The profession and citizens of Chicago recently tendered Dr. Allen A. Wesley a complimentary banquet as a token of esteem on the completion of twenty-five years in the active practice of medicine. Dr. Wesley is the Major Surgeon in the 8th Illinois Regiment. Dr. M. R. Bibb acted as toastmaster and speeches were made by Drs. C. E. Bentley, D. H. Williams, A. W. Williams and several citizens.

Dr. Claudius D. Bell has installed an X-ray outfit and is devoting his practice to this work.

Dr. Daniel H. Williams has resigned from the Board of Trustees and the Medical Staff of Provident Hospital.

Dr. Chas. de La Bastide, Ph. G., has removed his drug store to 3704 S. State Street.

Dr. U. G. Dailey sails for Europe in August for study in the European clinics.

Dr. Theodore R. Mozee was recently married to Miss Cecilia Johnson.

Dr. F. G. Trap has opened offices at 3437 State Street.

J. H. Plummer, D. D. S., was recently married.

Dr. Spencer C. Dickerson is the delegate of the local society to the N. M. A. at Tuskegee.

Dr. M. P. Gathner, a recent interne at Provident, has opened offices at 459 35th Street.

Dr. Geo. W. Cabannis was a recent visitor in Chicago.

Dr. Jas. R. Wilder was a Roosevelt delegate and Dr. C. M. Wase, of Hot Springs, Arkansas, a Taft delegate at the recent Republican Convention.

#### VIRGINIA ITEMS

At the last annual meeting of the Tidewater Medical Society the following officers were elected: President, Dr. W. M. Mapp, Berkley; vice-president, Dr. James A. Brown, Portsmouth; secretary-treasurer, Dr. W. T. Jones, Newport News; statistical secretary, Dr. P. A. Scott, Newport News. The Society is meeting during the summer months at the Bay Shore Hotel, Buckroe Beach, Va.

Dr. Harry E. Barco, '11, Howard University, has opened his office for the practice of medicine at Mt. Hermon, a suburb of Portsmouth.

Southall Bass, Ph. G., has recently opened a drug store at Mt. Hermon. The little community now boasts of two physicians and one drug store.

Dr. Tomlinson, '11, Meharry, has opened his office for the practice of dentistry in Norfolk, Va.

Dr. Harvey A. Warren, '08, Shaw, who has been practicing at Suffolk, Va., and who last year suffered a stroke of hemiplegia, has been sent to the Central State Hospital at Petersburg.

## MARYLAND ITEMS

The Maryland Medical, Dental and Pharmaceutical Association met the first Monday in April at the residence of Edward V. Stokes, Phar. D. Dr. B. M. Starks read a paper entitled "Acute Nephritis."

At this meeting the annual election of officers was held and the following were elected for the ensuing year: B. M. Rhetta, M. D., president; Albert O. Reed, D. D. S., vice-president; F. N. Cordoza, M. D., recording secretary; H. E. Young, Phar. D., treasurer; executive committee: W. H. Wright, M. D., Edward V. Fitzgerald, M. D., and Edward Short, M. D.

The annual public meeting was held on the evening of May 1st at Allen A. M. E. Church, Baltimore. The principal paper was read by Dr. John R. Francis, of Washington, the subject being, "Health and Longevity." The other papers read were: "The Care of Children," by Edward J. Fisher, M. D., and "Oral Hygiene," by B. F. Brown, D. D. S. The meeting was largely attended by an enthusiastic audience.

The May meeting of the society was held at the residence of A. A. Terrel, Phar. D. Edward V. Stokes, Phar. D., read a paper entitled "Physiological Incompatibilities."

The June meeting was held at the residence of Edward J. Wheatley, M. D. The paper was read by Dr. A. A. Terrel, subject: "The Properties of Iodine."

The past year has been one of the most successful in the history of the society; eight new members have

been added, the papers have been carefully and thoughtfully prepared, and the discussions have been critically helpful.

Dr. William Green has opened a new pharmacy at Carey and Winchester Streets

Thomas S. Hawkins has been selected as state vice-president for the N. M. A.

A large delegation from Baltimore is expected to attend the N. M. A. at Tuskegee.

## WEST VIRGINIA NEWS

The most successful meeting in the history of the West Virginia Medical Society convened at Huntington, June 6th and 7th. This was the sixth annual session of the organization, and was notable because of the very large attendance and intense enthusiasm. Seven new members were enrolled, making the total membership twenty-seven.

All of the papers presented were of a high order of merit, those read by Drs. E. L. Youngue and W. H. A. Barret on "Asthma" and "Ether Anesthesia," respectively, deserving especial mention. The program of the meeting was as follows:

Thursday, June 6, 2:00 p. m.—Call to Order; Invocation; Annual Address, Dr. W. A. Holley, Bramwell; Enrollment by Secretary; Minutes of last session; Paper, "Rheumatoid Arthritis," Dr. W. C. Lawrence, Montgomery; Discussion, led by Dr. C. C. Barnett, Huntington; Paper, "General Causes of Diseases of Women," Dr. E. Johnson, Huntington; Discus-

sion, led by Dr. R. A. McDaniel, Morgantown; Paper, "Asthma," Dr. E. L. Youngue, Clarksburg; Discussion, led by Dr. J. C. Ellis, Charleston.

Friday, June 7, 10:30 a. m.—Surgical Clinics at Barnett Hospital; Paper, "Croupous Pneumonia," Dr. J. T. Sawyer, Wheeling; Discussion, led by Dr. H. F. Gamble, Charleston, W. Va.; Paper, "Ether Anesthesia," Dr. W. H. A. Barret, Keystone; Discussion, led by Dr. Jas. A. Hopkins, St. Albans; Paper, "Life and Death," Dr. B. F. White, Huntington; Discussion, led by Dr. L. A. Hilton, Wilcoe, and Dr. N. F. Edwards, Bluefield. Election of officers.

Friday, June 7th, 8 p. m.—Public meeting. General discussion of tuberculosis.

The newly elected officers for the

ensuing year are: President, Dr. W. C. Lawrence, Montgomery; vice-president, Dr. W. H. A. Barret, Keystone; secretary-treasurer, Dr. R. L. Jones, Charleston; delegate to the National Medical Association meeting at Tuskegee, Dr. R. L. Jones. The members of the society went on record with an expression of approval of the Journal of the National Medical Association, several subscriptions being secured. The next meeting will be held in Charleston in June, 1913.

Five candidates for license were present before the Dental Board, which met at Wheeling recently. The medical men are more than pleased with the coming of these dental associates, there having been an urgent need for them a long while.

"He who loves life as he finds it; who loves to battle with it in his love for his fellow-men—in his love for the ideal, would never obscure it with alcohol, nor seek to hide his head beneath the sands of cocaine dream."

When thou wishest to delight thyself, think of the Virtues of those who live with thee—the activity of one, the modesty of another, the liberality of a third and some other good quality of a fourth.—Epictetus.

In diagnosing a genito-urinary case, it is well to have some definite system, without which there is always special danger of error. The routine he follows in this connection is (1) the voluntary recital by the patient of his clinical symptoms, (2) the putting of questions to the patient bearing on the urinary

function, (3) the putting of questions bearing on the sexual function, (4) questions relating to general physical and mental conditions, and among these are included those related to family history. After this come the physical and special examination. The order here observed is (1) an external inspection and general examination, (2) observation of the act of urination and of the first portion of urine voided, (3) digital palpation per rectum of the prostate, seminal vesicles and vesical floor, followed by the voidance of the remaining portion of the urine, (4) urethral examination and examination, if required, of the upper urinary tract. In carrying out this regime, the genital and the urinary conditions are equally and impartially considered.—A. J. Dem.

## SOCIETY AND PERSONAL

By DR. W. G. ALEXANDER  
14 WEBSTER PLACE, ORANGE, N. J.

(All news items, personals and society reports should be sent direct to the Associate Editor, who welcomes the receipt of all desirable matter. The interest and value of this department may be greatly increased if secretaries of societies will regularly send in reports of the meetings of their organizations.)

The Volunteer State Medical and Surgical Association held its eighth annual session at Memphis, Tennessee, June 4-6, 1912.

As usual a large and eager audience of physicians, dentists, pharmacists, and trained nurses greeted the president, Dr. W. A. Thompson, when his gavel rapped for order June 4th, and maintained a hearty interest till the close of the session on June 6th.

The personnel of those who took part on the program, the quality of the papers read and discussed, and the rare and interesting subjects, marked this as one of the best meetings in the history of the organization.

Representatives were on hand from all sections of the state, also visitors from Mississippi, Arkansas, and Georgia. Special mention could be made of Knoxville, South Pittsburg, Chattanooga, Columbia, Franklin, Pulaski, Shelbyville, Covington, Mason, Memphis, and Nashville, who according to her custom, sent a special Pullman car of participants and wide-awake, well-wishing boosters.

Clinics were exceptionally good, many operations having been per-

formed and witnessed by the surgically inclined.

The Bluff City Medical, Dental and Pharmaceutical Society as host cannot receive too much praise for its untiring efforts to welcome and entertain its guests. The social features of this occasion are not described with words, and can only be appreciated by those who were fortunate enough to be present. On Tuesday evening a boat ride on the mighty and historic Mississippi river was the rare treat; on Wednesday evening a welcome reception by the citizens at one of the city's popular and capacious churches will not be forgotten on account of oratory and music. On Thursday afternoon a banquet was lavishly spread and enjoyed by the professional and distinguished citizens. One of the crowning features that marked the unbounded hospitality and cordiality of Memphis, was demonstrated by Mr. Hayes, undertaker, who, with a train of autos, took the Association sight-seeing through the streets of the populous city.

That the meeting was both pleasant and profitable, is the verdict of all. Columbia was voted next meeting place, June, 1913.

Elected officers follow: President, A. N. Kittrell, M. D., Memphis; vice-president (East), C. R. Moore, M. D., Knoxville; vice-president (Mid.), M. V. Boutte, Ph. G., Nashville; vice-president (West), T. H. Price, M. D., Covington; corresponding secretary, J. H. Hale, M. D., Nashville; recording secretary, J. H. Hampton, M. D., Shelbyville; assistant recording secretary, Davis, M. D., Columbia; treasurer, O. B. Braithwaite, D. D. S., Memphis; historian, H. L. Moores, M. D., Chattanooga; statistician, J. C. Gantt, M. D., Pulaski.

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Twenty-eight colored applicants presented themselves before the North Carolina State Board of Medical Examiners in June. Of the number twenty were Shaw graduates, two Howard, two Meharry, one Long Island Medical College, and three University of West Tennessee. There were only eleven successful candidates, nine being from Shaw, one from Howard, and one from Long Island Medical College.

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Dr. G. N. Woodward, Interne at Tuskegee Institute Hospital, has successfully passed the State Board of Medical Examiners for the State of Georgia.

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Dr. A. B. McKenzie, honor graduate of Leonard Medical School, Class of 1912, has taken up duties at Tuskegee Institute Hospital as interne, beginning July 1.

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The Palmetto Medical Association met at Sumter, South Carolina,

April 24th and 25th. The meeting was largely attended, thirty-five answering to the roll call. The sessions were interesting and the discussions provoked by the papers read were lively and instructive. Several papers on medical and dental subjects were read by members from various sections of the State.

Dr. H. R. Butler, of Atlanta, Georgia, was invited to deliver the public address, which he did on the first night of the meeting, to a large and appreciative audience. His subject was "Gastro-Enteric Fever in Children and Some Thoughts to the Laity." The subject was well handled and full of wholesome food for both physician and laity. After the address a smoker was given the members of the Association at the offices of Dr. C. W. Birnie.

On Thursday night a banquet at the Andrews' hall was the offering, which was very much enjoyed by the members of the Association.

The election of officers for the ensuing year resulted as follows: President, Dr. G. W. Harry, Greenville, South Carolina; vice-president, Dr. C. W. Maxwell, Sumter, South Carolina; secretary, Dr. I. A. Macon, Rock Hill, South Carolina; treasurer, Dr. J. P. Pickett, Camden, South Carolina; new members of the executive board, Dr. Matilda Evans, Columbia, South Carolina; Dr. S. J. Wright, Dillon, South Carolina; essayist for the National Association, Dr. J. P. Golden, Georgetown, South Carolina.

Charleston, South Carolina was chosen as the next place of meeting.

## MEDICAL SOCIETY REGISTER

The officers of the Medical Society of Negro Physicians, Pharmacists and Dentists of Kentucky follow: President, T. T. Wendell, M. D., 314 W. Short St., Lexington, Kentucky; secretary, B. F. Jones, M. D., 116 E. Walnut St., Danville, Kentucky.

The officers of the Pan-Missouri Medical Association follow: President, Dr. J. M. Harris, Sedalia; first vice-president, Dr. G. W. Brown, Kansas City; second vice-president, Dr. P. W. Jones, Saint Louis; third vice-president, Dr. C. M. Kane, Kansas City; secretary, Dr. J. F. Shannon, Kansas City; corresponding secretary, Dr. Leon Hill, Booneville; treasurer, Dr. O. C. Queen, Hannibal.

The officers of the Mound City Medical Society, Saint Louis, Missouri follow: Dr. Charles Henry Phillips, Jr., president, 2607 Lawton Avenue; Dr. A. W. Cheatham, first vice-president, 100 N. Jefferson Avenue; Dr. T. G. Hunter, second vice-president, East St. Louis Illinois; E. L. Harris, Ph. G., treasurer, 100 N. Jefferson Avenue; Dr. Charles L. Thomas, secretary, 2607 Lawton Avenue; Dr. E. S. Bailey, corresponding secretary, 811 N. Jefferson Avenue.

The Ohio Branch of the National Medical Association met at Chillicothe, Ohio, in June, 1912. The following editorial from the press of that city is noteworthy:

The people in this world who are making the most noise and demanding for them-

selves the center of the stage are, as a rule, contributing very little to the welfare and happiness of mankind. It is the men who each day serve their fellow-men by doing some useful work and advancing a little the cause of knowledge and of truth, that are making the world a better and happier place.

No finer example of this kind of man can be found than the modest, ordinary physician, who relieves human suffering and teaches people how to take care of their health. No class of medical men have greater opportunities for usefulness than those of the colored race and probably no greater influence for the sane and sound progress of that race exists than these men.

Chillicothe should appreciate the value and significance of the physicians of the colored race and esteem it an honor and a privilege to have in her midst their association.

It is the intention of the organization to expand the association if possible, making a tri-state organization out of it to embrace Ohio, Indiana and Kentucky.

The following officers were elected to look out for the interests of the association for the coming year: Dr. S. S. Jordan of Chillicothe, Ohio, president; Dr. D. L. H. Cox, of Dayton, Ohio, first vice-president; Dr. W. E. Wilson, of Cincinnati, second vice-president; Dr. E. A. Dale, of Cleveland, third vice-president; Dr. W. A. Method, of Columbus, secretary, and Dr. R. E. Petiford, Springfield, treasurer.

A good opening for a dentist is to be found in the town of Middlesboro, Kentucky. Population 7,500. One Negro physician present. Those interested may address Dr. Thomas Bell, 322 N. 19th St., Middlesboro, Kentucky.

The fifth annual meeting of the National Association of Colored Graduated Nurses will meet in Richmond, Virginia, August 27, 28 and 29, 1912.

Miss M. F. Clarke, President.

Mrs. C. S. Morgan,

Corresponding Secretary.

## OBITUARY

### DR. ROBERT FULTON BOYD

DIED—July 20, 1912, at his infirmary, 4th Avenue, South Nashville, Tennessee, Dr. Robert Fulton Boyd, after a brief illness lasting less than an hour. Dr. Boyd was one of the best known physicians of this country. He was the first President of the National Medical Association and was for many years Chairman of the Executive Board.

He was born July 8, 1855, and was consequently a few days over 57 years old. He lived a good business and professional life and had many friends. There were more than 7,000 people at his funeral at the Ryman Auditorium, Nashville, Tennessee, July 22, 1912.

The Nashville Negro community will not soon fill the place that was occupied by Dr. R. F. Boyd, whose sudden death occurred a few days since. There are few men in Nashville, white or colored, identified with so many and such varied interests. Whatever things tended to the advancement of the race to which he belonged—medicine, education, fraternity, community organization, finance, religion—had the active encouragement and support of this man.

Sixty years ago Boyd was born a slave on a Giles County farm. As a young man, poor and unlettered, he came to Nashville with the avowed purpose of educating himself. But there were dependent upon him

a mother and several sisters, and no money could be applied to education until those needs were met. But, by application and perseverance, the young Negro acquired it. He attained an academic and two professional degrees.

Boyd, by the testimony of medical men of Nashville, was a physician of better than ordinary ability. He used his skill, unselfishly, for the benefit of his people. But, in results, the professional side of this man's work was the least important. It may have served, in the beginning, to give him a position of influence, but, that position attained, his broad sympathy with the efforts, in whatever line, of the Negroes of his community was the means by which he brought the largest benefit to them.

The Negro people of America, as a self-dependent business and social entity, is still young enough to be not overburdened with men who assume to lead, and has not yet enough men with real capacity for leadership. It is therefore able to make the most of the man who possesses such capacity. A man of Boyd's ability might not have been great in an older and different social organism, but that he was a great man of his race and place will not be questioned. He had been an important factor—it may almost be said that he had been the most important factor in this city—in making his people an entity rather than a heterogeneous mass. He knew, of his own mind, the beginnings of the life of the Negro as a free people. He builded wisely upon that knowledge—for himself, certainly, but also for all the Negroes of Nashville who were disposed to profit by it.

And his work was of value not alone to the Negroes. The white community of Nashville benefited by it. It tended to make the Negroes who worked for and with them more dependable, to encourage them in worthy things, to hold them in check when evil tendencies prompted them. Laboring in his own way for his own part of a dual community, he served the whole. He was such a man as Negroes may well emulate, an emulation in which they should have the fullest encouragement of white people.—*Editorial: Nashville Banner.*

## DR. W. S. TURNER

On June 15, 1912, Dr. W. S. Turner, of Harrisburg, Pennsylvania, passed away. He was a graduate of Lincoln University, Class 1900; and of Howard University Medical School, Class 1904. He practised in St. Louis, Missouri, till a few months prior to his death, when he suffered a nervous break down, and went east with the hope of recuperating his health. He was a member of the National Medical Association.

## DIED

On Friday, August 9, 1912, after an illness of five months, Mrs. Alice R. Kenney, wife of Dr. John A. Kenney, Tuskegee Institute, Ala.

The Managing Editor of the Journal was absent from his office from July 3 to 28, visiting hospitals and clinics in Chicago, Illinois, Battle Creek and Detroit, Michigan, Cleveland, Ohio, St. Paul, Rochester, and Minneapolis, Minnesota. Much valuable information was gained by him in these places. The Surgical Clinic in St. Mary's hospital, Rochester, Minnesota, conducted by the Mayo Brothers, furnished the climax. He may have more to say of his visit in the next number of the Journal.

Among the invited guests who have agreed to be present at the National Medical Association, Tuskegee Institute, August 27, 28, 29, 1912, are Dr. C. P. Wertenbaker of the United States Health and Marine Hospital Service; Dr. George N. Niles of Atlanta, Georgia; Dr. John Davis of Birmingham, Alabama, in charge of the Davis Infirmary, and Dr. L. W. Johnston of Tuskegee, Alabama, member of the Alabama State Board of Health and Medical Examiners.

All of these are white gentlemen, and have agreed to come and give addresses on this occasion.

## Society Roster

West Virginia Medical Society. President, W. C. Lawrence, M. D., Montgomery; secretary, R. L. Jones, M. D., Charleston. Meets annually in June.

New Jersey Medical Society. President, W. H. Sutherland, D. D. S., 75 Oakwood Avenue, Orange; secretary, J. R. Stroud, M. D., 75 1-2 Jewett Avenue, Jersey City. Meets first Monday in each month.

Maryland Medical, Dental and Pharmaceutical Association. President, B. M. Rhett; secretary, F. N. Cordoza. Meets monthly, first Monday.

Massachusetts Medical, Dental and Pharmaceutical Association. President, C. N. Garland, M. D.; secretary, E. I. Wright, D. D. S.

Rock City Academy of Medicine and Surgery, of Nashville, Tennessee, meets every first and third Monday at 7 p. m. Meetings are held nine months in the year. During July, August and September no meetings are held. W. A. Reid, M. D., president; L. A. Fisher, M. D., secretary.

Mr. M. V. Boutte, an energetic and well qualified young druggist of Nashville, Tennessee, read a paper before the Volunteer State Medical and Surgical Society at its annual meeting held in Memphis, June 4-7, 1912, in which he gave the following advice to the assembled M. D's:

"Every physician should have a pharmacist—one whom he can consult about the desirable methods of preparing medicines for administration, their incompatibilities, and similar points on which it is very difficult for the physician to keep posted."

## Tribute to the Physicians

\*BY CHARLES HENRY PHILLIPS, JR., M. D.

With the possible exception of the Christian minister, the human race has no greater benefactor than the doctor of medicine. Like some towering giant, or colossal beacon light—a brilliant guiding star of monumental proportions, the physician is arrayed.

“The pillar of a people’s hope,  
The centre of a world’s desire.”

All nations, civilized and barbarous, pay homage and respect to this technical manipulator. All classes and colors do him honor. The mechanic and husbandman; the jobber and manufacturer; the merchant who loads the ship and the mariner who braves the tempest; the financier behind his desk and the benevolent philanthropist; the soldier upon the battle field and the diplomat who guides the ship of state; the statesman and politician who

study the deep mazes of political management, by which rivals are supplanted, kings, presidents and cabinets controlled,—all join in one puissant procession, seeking alike the aid and services of the doctor man. Even the poet in his song, the historian in his book, the musician on his harp, the lawyer in his plea, the minister in his sermon, the masses in their poverty, the classes in their wealth, the black and white together stop their wonted duties and mingle their voices in one universal chorus and sing at times the praises of the people’s friend, the faithful and tried physician.

And certainly it is fitting at this time to note the fact that the men of our race who represent this art and science have kept pace with the spirit of the times, and in all the triumphs of the profession they have freely shared.

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## Therapeutic Notes

### TWO MERITORIOUS AND SEASONABLE THERAPEUTIC AGENTS

We beg leave to call your special attention at this time to the two following official preparations, which will be found particularly appropriate as a first choice in the pharmacological conditions indicated:

### INFUSUM SENNAE COMPOSITUM, U. S. P.

The compound infusion of senna contains, in each average dose, the medicinal virtues of 110 grains of senna, 220 grains each of magnesium sulphate and manna and 35 grains of fennel, in aqueous solu-

\*At the Pan-Missouri Medical Association, which convened at St. Louis, Missouri, May 29-31, 1912. Dr. Phillips, president of the local organization, on introducing the mayor, paid the above tribute to the doctor and the profession. The occasion was the opening exercise at which various addresses of welcome and responses were delivered.

tion. It is made fresh on prescriptions. The average dose is 120 cc. (4 fluidrams.)

This is the preparation formerly known as "Black Draught." It is a most trustworthy purgative, practically free from griping effects. As the flavor is a matter of taste, the physician may substitute other aromatics for the fennel. The intent of the fennel is to prevent any griping tendency of the senna. It should be given cold, not warm.

This preparation combines the specific irritant action of the senna with the prompt action of the magnesium sulphate, both of these actions being nicely tempered by the restraining action of the manna and fennel as regards harshness of operation. For the removal of liquid from the body the preparation is probably without a peer. It is best given in the evening just before retiring.

A wide field of usefulness is open to this agent, being most excellent in acute inflammatory conditions, renal and cardiac dropsy, ascites from obstruction of the portal circulation, habitual constipation from the deficiency of intestinal secretions, as a hepatic stimulant, etc.; in fact, it approaches the character of an ideal cathartic. Under normal conditions, it produces profuse and soft evacuations, without pain or nausea and without leaving any tendency to constipation.

All purgatives, and especially those of a vegetable origin, cause considerable colic or tenesmus. This seems to be a necessary accom-

paniment of a violent peristalsis, and if the latter is desired, the former must be reckoned with. The manna and fennel, however, in this preparation are usually sufficient to correct any excessive griping. Other aromatics may be added if necessary. The preparation is thorough in its work and physicians should study it well to meet the various conditions. Complaining patients might be informed that the medicine is doing its work if colicky pains manifest themselves.

#### SYRUPUS FERRI CITRO-IODIDI, N. F.

The syrup of iron, citro-iodide, or tasteless syrup of iodide of iron is an excellent alterative and antica-chectic. Its average dose is 2 cc. (30 minims) which contains approximately two grains of ferric iodide.

The difference between this syrup and the syrup of iron iodide of the U. S. P. is a chemical one, in that the former contains ferric iodide and the latter ferrous iodide; the former, the syrup of the citro-iodide, is also practically tasteless.

This preparation is a very useful one, having the medicinal action of both iron and iodine, and has curative properties peculiarly its own. It is deserving of careful study by the individual practitioner, as its proper application in such conditions as tuberculous adenitis, rachitis, syphilitic cachexia, etc., is sure to result most favorably to the patient.

The use of the syrup of citro-iodide of iron, N. F. will avoid this insecurity as well as the haphazard

style of selecting iron-iodine preparations rendered necessary by the above conditions, for it is at once a most elegant preparation, palatable and permanent and with a high degree of therapeutic efficiency.

#### GETTING RESULTS FROM PRESCRIBING

The two legal standards, the United States Pharmacopoeia and the National Formulary, contain some fifteen hundred medicinal articles. Realize what this means—fifteen hundred therapeutically active agents with which the physician may treat his patients. They are dependable preparations and for that reason should represent the greater part of the medical profession's armamentarium at the present time. Every capable pharmacist will stand sponsor for their quality, uniformity and activity, without exception.

The physician should be absolute master of his prescription at all times, therefore it is suggested that on all prescriptions containing narcotic or habit-forming drugs, be written the words "Do not repeat" or "non-repetatur," according to the physician's viewpoint. A necessary word of explanation to the patient as to the reason therefor would be proper.

Through prescribing by the official titles or Latin names only, the great harm caused by self-medication will receive a severe setback, and the physician will add to his own professional standing, and, incidentally, promote the interests of his patients. Further, we believe that

it is as much to the physician's interests to specify "those pharmacists who properly conduct their pharmacies," as it is to specify "an ethical preparation."

We believe this caution to the members of the medical profession is timely and needed if the patient's interest is to be guarded by the correct filling of the prescription. It is undoubtedly an easy matter to direct patients with their prescriptions to those pharmacists whom the physician knows to be reliable.

#### TWO EXCELLENT THERAPEUTIC AGENTS

The two ethical preparations discussed below are most excellent ones. They merit the closest study on the part of the individual practitioner, for, as a rule, it will be found feasible to prescribe them as a first choice when the conditions indicate their usage.

#### PILULAE FERRI CARBONATIS, U. S. P.

The official pills of carbonate of iron, or Blaud's pills, contain, approximately, 1.84 grains of fresh ferrous carbonate to each pill. It is important to note that only fresh pills should be prescribed and dispensed, as old pills are practically devoid of that peculiarly effective hematinic action so notable when ferrous carbonate is taken into the system.

These pills are made fresh by the pharmacist, upon prescription, from ferrous sulphate and potassium carbonate, protected from oxidation by sugar and are massed with althaea and tragacanth. The average dose

is from one to three pills, preferably after meals.

The pharmacological action of iron has frequently been discussed and is doubtless familiar to physicians. Iron is most frequently used in the treatment of chlorosis, acting in this disease practically as a specific. Ferrous carbonate, as represented in this pill, is one of the least irritant preparations to employ for internal use, and should have favorable consideration as a first choice in a great many instances. Any tendency to constipation must be met by aloes or other cathartics.

As old, coated and ready-made Blaud's Pills have largely proved useless in a therapeutic sense, various subterfuges and substitutes have been attempted to produce a preparation whose administration would furnish a fresh ferrous carbonate, but so far none are known that have the value of the official pill.

One such method, for instance, advocates the enclosure of the potassium carbonate and the ferrous sulphate in a capsule or wafer, separated by a membrane, evidently under the supposition that nascent ferrous carbonate would be formed in the stomach. It is extremely improbable, however, that ferrous carbonate is formed under these conditions in the acid contents of the stomach, as the potassium carbonate is immediately decomposed upon entering the stomach.

#### ELIXIR TARAXACI COMPOSITUM

N. F. V.

The compound elixir of taraxacum is an elegant preparation con-

taining the medicinal virtues and aromatic principles of the following: Taraxacum, 31-2 per cent; wild cherry, 2 per cent; glycyrrhiza, 6 per cent; sweet orange peel, fresh, 3 per cent; cinnamon, 0.6 per cent; compound tincture of cardamom, 3 per cent, in a vehicle of aromatic elixir. Its alcohol content is about 30 per cent.

Its primary use is that of a corrigent and a palatable vehicle. It effectively covers the taste of bitter substances and is one of the best mediums in which to administer quinine or its salts in liquid form.

Its appearance, odor and taste combine to make it very acceptable to the patient, and its stomachic properties are well calculated to prevent any harsh action upon the mucous membranes of the stomach, from such drugs with which it may be combined in prescriptions.

Often it is desirable to prescribe bitter drugs in liquid form and especially where capsules, pills or cachets are inconvenient or cannot be taken. With this valuable preparation, however, the physician is able to prescribe numerous combinations in liquid form not heretofore possible.

The tempting appearance and pleasant taste of a mixture, as the physician well knows, has much to do with its ingestion and subsequent absorption. For this reason a working acquaintance with this vehicle will provide the members of the medical fraternity with a means to vary the taste and appearance of their prescriptions.

In response to a request from the Congressional Committee on Interstate and Foreign Commerce, Dr. Harvey W. Wiley offered the following amendment to the Pure Food and Drug Act:

"Sec. 8. That the term misbranded' as used herein shall apply to all drugs or articles of food or articles which enter into the composition of food or drugs, the package or label of which shall bear any statement, design or device regarding such article, or the ingredients or substances contained therein, which shall be false or misleading in any particular; or if it be a drug offered for sale, barter or exchange from any State, Territory or the District of Columbia into any other State, Territory or the District of Columbia, direct to the consumer or laity, by label, advertisement, circular, catalogue, personal solicitation or otherwise, which contains any habit forming or deleterious ingredients, to wit, acetanilid, antipyrin, acetphenetidin, anesthesia, alcohol, except the amount necessarily used as a solvent, aspirin, alpha and beta eucain, arsenic, barium salts, carbolic acid, chloroform, chloral, cocain, creosote, cantharides, croton oil, caffen, cannabis, heroin, holocain, hydrocyanic acid, lead salts, morphine, mercury salts, novocain, nux vomica, opium, orthoform, phenolphthalin, phenacetin, the phosphides, theobromin, theophyllin, trional, sulphonal, stovain, strychnine, veronal, yellow phosphorus, cotton root, ergot, pennyroyal, rue, savin, tansy, the poisonous alkaloids or any compound or preparation or derivatives of any of the foregoing or any other drug or medicinal preparation which is not marked to show that it has been manufactured or compounded by a legally registered or qualified practitioner of medicine or pharmacy,

who holds an unsuspended or unrevoked license issued by the Secretary of Agriculture, both in the State in which said physician or pharmacist resides, and in the State in which said remedy is to be sold; provided that the Secretary of Agriculture shall not issue any license to any manufacturer or compounder of any preparation containing any of the substances named above; nor of any drug, the exact formula of which be not deposited in the Bureau of Chemistry for the information of the officials charged with the execution of the act; or if the package of any drug not sold directly to the laity fail to bear a statement on the label of the quantity or proportion of any of the following habit-forming or deleterious ingredients, to wit, acetanilide, antipyrin, acetphenetidin, anesthesin, alcohol, aspirin, alpha and beta eucain, arsenic, barium salts, carbolic acid, caustic hydroxids, chloroform, chloral, cocain, creosote, cantharides, croton oil, caffen, cannabis, heroin, holocain, hydrocyanic acid, lead salts, morphine, mercury salts, novocain, nux vomica, opium, orthoform, phenacetin, the phosphides, theobromin, theophyllin, trional, stovain, strychnine, sulphonal, veronal, yellow phosphorus, cotton root, ergot, pennyroyal, rue, savin, tansy, the poisonous alkaloids, all heart depressants or excitants or any compound or preparation or derivative of any of the foregoing, and to any food or drug product which is falsely branded as to the State, Territory or country in which it is manufactured or produced; or if they be deleterious, habit-forming drugs, to wit, opium, morphin, cocain, their derivatives and preparations, offered for sale, barter or exchange from any State, Territory or the District of Columbia, into any other State, Territory or the Dis-

trict of Columbia, excepting for medicinal purposes, and then only on condition that there shall be filed with the vendor of each and every sale or purchase a declaration to the effect that the drug is not to be used for any other than medicinal purposes; and provided further that a yearly report of the quantity or proportion of the above-named habit-forming drugs, sold by all dealers, wholesale or retail, shall be made to the Bureau of Chemistry in a manner prescribed by the Secretary of Agriculture. All these articles or preparations or derivatives when offered for sale except prescriptions of licensed practitioners of medicine or dental surgery and veterinary surgeons in the course of their personal practice, shall bear a label containing not only the name by which they are known, but also the names of the parent substances from which they are derived.

"In the case of food:—

"3. If in package form, and the contents are stated in terms of weight or measure, they are not plainly and correctly stated on the outside of the package; provided, however, that a slight or immaterial variation from the stated weight is permissible when the variations are made to appear as often above as below the stated weight or volume, and to the same extent and proportion."

Gonorrhea in women.—Maude Glasgow (Med. Record) voices a powerful protest against permitting men suffering from gonorrheal infections to be protected by ethical secrecy.

Gonorrhea is one of the most prevalent of diseases, besides being one which menaces the life and health of many innocent women. It is one from which the state affords her no protection, though unlike man she is in most instances unable to protect herself from the contagion.

As a very large percentage of men have at one time or another suffered from gonorrhea, and many of those

have not been cured of the disease, and as most infections arise from these chronic cases, it is evident how futile the treatment of gonorrhea in women must be, unless the infected members of the other sex also receive treatment; for if a man is continually reinfesting his wife with fresh germs, treatment of the latter can be of but little benefit.

The Scandinavian countries have taken the lead in instituting measures for the protection of their citizens from venereal disease. Here the authorities, by means of notification, are kept constantly informed of the extent and fluctuation of those disorders, and venereal disease is dealt with as other contagious diseases are. The treatment of any kind of a communicable disease is regarded as a sanitary question, and dealt with accordingly.

These measures have been as remarkable as they are gratifying in their outcome, and they have resulted in a very marked diminution of venereal disease. Gratuitous treatment is provided, and made easily accessible to all. Probably it is but a question of time when the methods of Scandinavia will be introduced into all civilized countries.—A. J. Dermatology.

Prophylactic value of salvarsan: Dr. Paul Mulzer, of Strassburg, cites the case of a student who after a prolonged period of sexual continence, ventured coitus with a supposedly healthy prostitute. On the day following intercourse the patient showed up at the clinic with a badly torn frenum, which was stitched up. The next day he returned with an acute gonorrheal urethritis. The prostitute was reported to the authorities, who upon examination diagnosed a gonorrheal Bartholinitis, and in addition a fissure and fistula in ano along with a general scleradenitis. The latter symptoms being somewhat suggestive of syphilis, the young man was given 0.4 gram of salvarsan intravenously as a prophylactic. This injection, was given on the third day following intercourse. Exactly twenty-two days after his exposure the patient showed up with a primary lesion, plentifully endowed with *spirochaeta pallida*, at the site of the torn frenum.—A. J. Dermatology.

PILULAE CATHARTICAE COM-  
POSITAE, U. S. F.

Continued from Last Issue

The Compound Cathartic Pill contains approximately 1 1-4 grain of Compound Extract of Colocynth (consisting of the Extract of Colocynth, Purified Aloes, Cardamom, Resin of Scammony and Soap), 1 grain of Calomel, 1-3 grain of Resin of Jalap and 1-4 grain of Gamboge. The average dose is two pills.

In addition to its most excellent action as a purgative, which is specific, this pill has pronounced appetizing properties, augments the flow of bile and stimulates the intestinal glands.

It acts as an intestinal disinfectant by removing the micro-organisms present, mechanically, through its peristaltic action on the bowel. It is practically free from griping effects.

This pill forms a most valuable adjunct in treatment for obstinate chronic constipation, alternating possibly every two weeks with such other cathartics as may be indicated. In this manner many obstinate cases have yielded to treatment, probably because it was necessary to vary from those drugs that produced the least irritation possible to such as have a more drastic action, and then back again.

In this connection it may be stated that there are several reasons why physicians should discontinue the habit of prescribing a ready-made and coated pill, and especially the pill under consideration. One reason is that the pharmacopoeia specifies no coating, the intention

being to give the patient a freshly prepared and active pill. Another reason is that the ready-made, coated pills are very indefinite in their action, as high as six of the above coated kind very often produce no purgative action, for the simple reason that the coating has become so hard as to resist all solvent action in the stomach and intestines.

SYRUPUS GLYCERRHIZAE, N. F.

Syrup of Glycyrrhiza, or Syrup of Licorice, is a splendid preparation. As an adjuvant to cough mixtures and to disguise the taste of Quinine sulphate, Ammonium chloride and similar disagreeable tasting drugs, it occupies a preeminent position among adjuvants and correctives.

It contains 12 1-2 per cent. of pure extract of Glycyrrhiza, 12 1-2 per cent of Glycerin and 65 per cent. of Sugar, forming a thick syrup. Especial attention is called to the excellence of the pure solid extract of Glycyrrhiza now employed in making this syrup, as formerly it was very often made from the powdered and acrid tasting extract. Ask your druggist to supply you with a sample.

Glycyrrhiza is primarily demulcent. It increases the flow of saliva and mucus, the increased secretions acting as emollients to the throat, its action being directed principally to the upper respiratory tract. Its pleasant, sweet and characteristic taste makes it especially useful as an excellent flavor in medicine. It is also slightly laxative and may be used as a pleasant aperient for children.

## Books, Lay Press, Etc.

### Honan's Handbook to Medical Europe

Philadelphia, Published by P. Blakiston's Son & Company, 1012 Walnut Street, pp. 261. \$1.50 net.

Mechanically the book is desirable—good paper, clear type, substantially bound, and of convenient size to carry in the pocket.

This is a special book and fulfills excellently the special mission implied in the title. Without any unnecessary words, the author enters at once upon his subject, which he treats tersely yet fully.

As a reference guide or reminiscent friend, the book is equally valuable.

Physicians contemplating a visit to Europe should read the book for the information given; physicians who have visited "Medical Europe" should read it for the memories it will recall.

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"There is nothing new under the sun," sighed the wise man of old. "Human divergency arises from virtues; in our frailties and vanities we are one," says a modern cynic.

These reflections were provoked by reading "A NEW CONSCIENCE AND AN ANCIENT EVIL."\* The evil is certainly ancient, but the conscience is not new. Prostitution is as old as human history, and the conscience that would eradicate it is at least co-eval with literature. The solution seems as distant as

"The day in whose clear shining light  
All wrong shall stand revealed;  
When justice shall be throned in might,  
And every hurt be healed."

There is, however, a freshness and frankness about the Addams' point of view that makes the volume well worth the attention of thoughtful people.

\*A New Conscience and an Ancient Evil, by Jane Addams. The Macmillan Company, 66 Fifth Ave., New York City, publishers. Price \$1.00 net.

### "Look to the Bowel"

When called upon to handle the bowel affections incident to hot weather the doctor should not forget that the very first thing to do is empty the alimentary canal of all fermenting, toxin-breeding food-waste—as quickly as possible and as thoroughly. For this there is nothing so effective as a good saline, such as Abbott's Saline laxative. A full dose in a glass of warm water (quite warm) will clean out the bowel in from four to six hours.

Then, when the bowel has been emptied, an intestinal antiseptic ought to be given, especially when the stool is vile-smelling. The sulphocarbolates (as afforded in W-A Intestinal Antiseptic A. A. Co.) serve best for this purpose. Having done this much an astringent may now be given with good effect if astringent medication is indicated, as copper arsenate or cotoin.

To keep the bowel sanitary and to guard against relapses it is advisable to put the patient on bulgarian bacillus tablets (Galactenzyme) for a prolonged period.

This line of treatment is strongly recommended and, by following it out, any and every doctor will have better results this summer than he has ever had before—that is certain.

It is too often forgotten that disease has its origin in the bowel tract; and it is surprising how many diseases, aside from those we are wont to look upon as purely intestinal, are the better handled by giving preliminary attention to the local bowel irregularity.

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### Slee's Glycerinated Vaccine Virus (Small-Pox Vaccine)

Our plans for serving our many doctor-friends with their biologic needs are working out beautifully.

After months of preparation we are now in position to supply the above, which we believe implicitly is at least "a bit better" than the best vaccine produced in any other laboratory the world over.

It is prepared and packaged at the Slee Laboratories under exactly the right conditions to assure a pure and potent vaccine. Everything involved is sterile and every precaution is taken to guard against contamination from beginning to end.

In charge is Dr. Richard Slee, the originator of the glycerinated vaccine, which now is used universally, and who is admitted, by all scientific people, to be an expert in this special field of work. There is probably no man living who has had more to do with the actual production of vaccine than he; his practical experience extends over a period of seventeen years. Under such supervision is this vaccine prepared—an ample guarantee for our doctor-friends that it is trustworthy.

If used properly it produces an absolutely typical "take," without pus-infection, which is the bugbear of the doctor as well as the patient.

This Glycerinated Vaccine Virus is prepared under Government License No. 6, granted after formal inspection by the authorities, as provided by law. The Slee Laboratory was one of the first to receive its license, as will be noted by the number assigned.

It is put up in glass capillary tubes of standard size, with all the necessary accessories such as a scarifying needle, expression bulb, etc.

The price per package of ten tubes is \$1.50; per package of five, 75 cents. All orders will be filled promptly on the day they are received and delivery thereon prepaid when cash payment is enclosed. Emergency orders received by wire will be rushed out by the first carrier.

Sole Distributors,

THE ABBOTT ALKALOIDAL COMPANY

Seattle, Bombay, Toronto; Chicago,  
San Francisco, Los Angeles.

"For some years there has been a tendency among the profession to use sodium salicylate to the practical exclusion of other agents in the treatment of acute articular rheumatism. Even the therapeutic nihilist has conceded to sodium salicylate the first

place in rheumatism, as he accords it to quinine in malaria, or to antitoxin in diphtheria.

"The recent reports by Menzer, a surgeon in the German army, tend to discredit the too implicit faith placed in the use of the salicylates alone in acute articular rheumatism. It is not denied that the salicylates pushed to effect will alleviate the symptoms, but he asserts that cases so treated are more subject to relapse and to permanent deformity than are those in which other remedies are exhibited, and that there should be incorporated with the salicylates other agents which will not encourage injurious complications.

"In tongaline, sodium salicylate from the natural oil is combined with tonga, colchicum, black cohosh and pilocarpin, whereby the organs of elimination are greatly stimulated, so that prompt and efficient results are secured without the necessity of such large doses of the salicylates as to cause any harmful effects."

### Poultices Should Be Sterile

Prof. George Howard Hoxie, of the University of Kansas, in his most excellent book on "Symptomatic and Regional Therapeutics," states under the heading of localized inflammation that "the danger of infection should ever be in mind in applying a poultice, for the maceration incident to the poultice favors infection, even if in ordinary circumstances one might consider the area germ proof."

Again, he refers under the chapter on Pain, to the dangers from using dirty poultices and that skin affections have been added to the ordinary disorder when bread-and-milk or linseed poultices have been used to relieve pain.

It is thus noted how important then, it is, in the employment of a poultice for the relief of pain and inflammation, that a sterile and trustworthy product be applied. Inasmuch as poultices are a means of producing hyperemia by the use of heat and insofar as they do this better than by other means, it is interesting to observe that in the belief of Prof. Hoxie that "the clay poultices, known best in the form of antiphlogistine, are the best to employ, as they are sterile and clean."

Antiphlogistine affords not only a safe but clean method of utilizing the advantages of hot moist heat in the treatment of pain or inflammatory conditions. It maintains heat in contact with the part for hours and its adaptability is only secondary to its therapeutic value.

Provisional Program: 14th Annual Session, N. M. A.,  
Tuskegee Institute, Alabama, August 27, 28, 29, 1912.

SURGICAL SECTION

Oration on Surgery: Some Observations on the Progress of Surgery, W. A. Warfield, M. D., Washington, District of Columbia.

The Negro in Surgery, A. M. Brown, M. D., Birmingham, Alabama.

Discussion.

Technique and Indication of Curettage, with Report of Cases, Simeon L. Carson, M. D., Washington, District of Columbia.

Discussion.

A Note on Fibroids and Intercurrent Diseases, U. G. Dailey, M. D., Chicago, Illinois, to be read by Dr. S. C. Dickerson, Chicago, Illinois.

Ovarian Dermoid Cysts, J. W. Walker, M. D., Asheville, North Carolina.

Discussion.

Stricture of the Urethra, H. Stanton McCard, M. D., Baltimore, Maryland.

Discussion.

Sepsis and Anti-Sepsis, J. M. Mills, M. D., Durham, North Carolina.

The Serum Diagnosis of Syphilis (Wasserman Reaction), S. C. Dickerson, M. D., Chicago, Illinois.

MEDICAL SECTION

The Relation of Extra-Gastric Lesions to Gastric Symptoms, John E. Hunter, M. D., Lexington, Kentucky.

Discussion.

Typhoid Fever, J. S. House, M. D., Sherrille, Arkansas.

Typhoid Fever, Its Management and Treatment, J. N. Atkinson, M. D., Greenville, Texas.

Discussion.

The Negro and Sanitation, C. P. Wertenbaker, M. D., Public Health and Marine Hospital Service, Norfolk, Virginia.

Discussion.

The Alimentary Tract in Pellagra, George N. Niles, M. D., Atlanta, Georgia.

Discussion.

Report of Hook Worm Commission, S. P. Jones, M. D., Chairman, Greensboro, North Carolina.

Discussion.

Report of Pellagra Commission, A. M. Townsend, M. D., Chairman, Nashville, Tennessee.

Discussion.

The Early Diagnosis of Pulmonary Tuberculosis, A. A. Tennant, M. D., Richmond, Virginia.

Discussion.

The Journal of the National Medical Association, C. V. Roman, M. D., Nashville, Tennessee. Paper, Cerebro-spinal Meningitis, J. T. Newman, M. D., New Orleans, Louisiana.

Remarks.

Milk and Its Relation to Public Health, J. P. Golden, M. D., Georgetown, South Carolina.

Biological Therapeutics, F. O. Northey, M. D., New Orleans, Louisiana.

Paper (subject not given), W. H. Harris, M. D., Athens, Georgia.

Ethics of the Medical Profession, D. W. Sherrod, M. D., Meridian, Mississippi.

Discussion.

PROCTOLOGY

Chronic Constipation.

Causes

Treatment

Dietary

Hygienic

Hydrotherapeutic

Medicinal.

Hemorrhoids.

External

Internal

Causes

Treatment

Palliative

Surgical.

Prolapsus Rectum.

Stricture of Rectum.

Malignancy.

Procto-clysis.

Murphy Method

Saline Solution

Water

DENTAL SECTION

11 A. M. WEDNESDAY, AUGUST 28

Call to order by Roscoe C. Brown, D. D. S., Richmond, Virginia.

Reading of minutes.

Annual Address of Chairman.

Dental Oration: Preventive Dentistry, Edward W. Smith, D. D. S., Winston-Salem, North Carolina.

The Panacea of Dental Caries, Thomas B. Coleman, D. D. S., Natchez, Mississippi.

Discussion: William Slowe, D. D. S., Philadelphia, Pennsylvania.

Progress of Oral Hygiene, by Oral Hygiene Committee.

WEDNESDAY, 2 P. M.

Call to order.

Crown and Bridge Work, S. C. Wormley, D. D. S., Washington, D. C.

Discussion: P. B. Ramsey, D. D. S., Richmond, Virginia.

Peridontitis. W. A. Cox, D. D. S., Cambridge, Massachusetts.

Administration of Nitrous Oxide, D. D. Foote, D. D. S., Vicksburg, Mississippi.

Individual Short Talks.

Hints and Queries.

Adjournment.

10 A. M. THURSDAY

A Professional Duty, D. A. Ferguson, D. D. S., Richmond, Virginia.

Discussion: R. G. Baker, D. D. S., Baltimore, Maryland.

Operative Dentistry of Today, W. A. Pethel, D. D. S., Charlotte, North Carolina.

Discussion: R. C. Brown, D. D. S., Richmond, Virginia.

Manifestations of Septemic Diseases, B. J. Anderson, D. D. S., Birmingham, Alabama.

## 2 P. M. THURSDAY

Dentistry and its Allied Professions, E. W. Smith, D. D. S., Selma, Alabama.

Discussion: E. W. Smith, D. D. S., Winston-Salem, North Carolina.

Importance of Sixth Year Molar, J. J. Bell, D. D. S., Macon, Georgia.

Discussion: A. T. Landers, Tuskegee Institute, Alabama.

Election of officers.

Adjournment.

## PHARMACEUTICAL SECTION

Are the Physicians Engaged in the Drug Business Encroaching on the Rights of the Druggist? W. A. Jones, Ph. G., Winston-Salem, North Carolina.

Discussion.

## CLINICS

Medical Clinics to be conducted by Drs. E. P. Roberts, New York; W. F. Penn, Atlanta, Georgia, and others.

## SURGICAL CLINICS

By Dr. W. A. Warfield, Washington, D. C.

Dr. S. L. Carson, Washington, D. C.

Dr. George C. Hall, Chicago, Illinois.

Dr. A. M. Curtis, Washington, D. C.

Dr. John E. Hunter, Lexington, Kentucky.

Dr. A. M. Brown, Chairman, Surgical Committee.

Administration of "606," U. G. Mason, M. D., Birmingham, Alabama; S. C. Dickerson, M. D., Chicago, Illinois.

## EYE, EAR, NOSE AND THROAT

Clinic conducted by Drs. C. V. Roman, Nashville, Tennessee; Dr. Richard Carey, Macon, Georgia.

## DENTAL CLINICS

Dr. D. A. Ferguson, Richmond, Virginia.

Dr. C. O. Lee, Winston-Salem, North Carolina.

Dr. A. T. Landers, Tuskegee Institute, Alabama, and others.

## PHARMACEUTICAL EXHIBITS

W. F. Ragland, Phar. G., Birmingham, Alabama, Chairman.

## PUBLIC MEETINGS

Welcome Address, Mr. Warren Logan, Tuskegee Institute, Alabama.

Address, Dr. Booker T. Washington, Tuskegee Institute, Alabama.

Welcome Address, Dr. L. L. Burwell, Selma, Alabama.

Welcome Address, Dr. L. W. Johnston, Member State Board of Health and Medical Examiners, Tuskegee Institute, Alabama.

Responses to Addresses of Welcome:

W. H. Higgins, M. D., Providence, Rhode Island.

F. S. Hargrave, M. D., Wilson, North Carolina.

D. A. Ferguson, M. D., Richmond, Virginia.

Annual Address of President: H. F. Gamble, M. D., Charleston, West Virginia.

Address, Dr. John Davis, Surgeon-in-charge Davis' Infirmary, Birmingham, Alabama,

A Symposium on the Conservation of the Lives and Health of Negro Children: E. P. Roberts, M. D., New York City; George E. Cannon, M. D., Jersey City, New Jersey; H. R. Butler, M. D., Atlanta, Georgia.

General Discussion under the following topics:

Care of the Babies.

Clothing.

Bathing.

Infant Feeding.

Nursing.

Teething.

"Doping."

"Soothing Syrups."

"Teething Powders."

"Summer Complaints."

Prevention.

Treatment.

Public Health Discussions:

Tuberculosis.

The Negro Death Rate.

What can be done to lower this death rate?

Is it excessively high?

Is it high in proportion to other races?

If so, why?

Causes. Statistics.

What the National Government should do.

What the state should do.

Duties of the municipality.

What the Negro himself should do about it.

Can the minister help?

If so, how?

What can the teacher do?

Does it affect the insurance companies?

Are the fraternal orders interested?

The Physician should play a part.

Dental Inspection of Public School Children.

The Pharmacist has an important part to play.

Patent medicines.

What the nurse can do.

What the colored women's clubs are doing.

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# JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION

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## THE PHYSICIAN AND THE COMMUNITY

\*BY HENRY FLOYD GAMBLE, M. D.

CHARLESTON, WEST VIRGINIA

Members of the National Medical Association, Ladies and Gentlemen and Visiting Friends:

We have met here today in the fourteenth annual session of this Association in this universally known and justly renowned institution whose founder and principal has filled the whole earth with his fame and his doctrine. We are proud of this hour and this opportunity to be inspired by all we see and feel.

The wisdom of your choice for presiding officer at this time may be seriously questioned, but I hope you will never have occasion to regret your selection. The National Medical Association, as far as I know, is the largest and most intelligent scientific body of Negroes in the world and to be its president at this time and this place is a most signal honor to be coveted by any member of the profession. You have therefore forever placed me under obligation to you. Without seeking or canvassing for this honor, you sought me out and conferred it. You haz-

arded the innovation of selecting a president outside of the State where your annual meeting was last held, which was contrary to the recent custom of the Association. It is the usual way to say "I thank you for the honor." I have proved my gratitude by my work on your Executive Board; by being one of the members who made your laws and constitution; by the interest and influence in the Journal, and by constantly working to increase the useful membership of the Association. I therefore thank you for the honor of serving you and for the extreme pleasure it has given me to serve you with the capable and gentlemanly members who are serving with me in their present official capacity.

At the risk of being plain and commonplace, you are asked to help me to plow the mental field and plant, if we may, some thoughts that may ripen into service; or erect an altar on which to burn the sweet incense of hope and helpfulness and finally to attempt to drive a nail or

\*President's Annual Address to the National Medical Association, at Tuskegee Institute, Alabama, August 27, 1912

peg in memory's walls on which to hang a thought of the goodness to be brought to the world by the mind trained to usefulness and service.

The only description of the vision of the judgment in the Scripture is given in the 25 chapter of the Gospel of Matthew. This vision of the judgment is graphic, touchingly beautiful and instructive. But it is preceded by the story of the Ten Virgins and the story of the talent. Man's duties and life are set forth in this striking story of the Ten Virgins. The five that were prepared, had their vessels filled with oil, went into the marriage supper, the five that made no preparation left out. The servants which received the two and five talents represent the class of men who labor and diligently do their duty. The story of the talents is interesting and illustrates present day conditions. The world wants the busy man. The servant that had gained five talents more had the duties of the slothful servant added to his tasks. So, with ten talents, he was given the additional task to use one talent. What the idle and slothful might do is given to the capable and busy man to do. The idle man cannot be trusted either in business or religion. But here is the conclusion of the whole matter:

"When the Son of Man shall come in His Glory and all the Holy angels with Him, then shall He sit upon the throne of His Glory: and before Him shall be gathered all nations: and He shall separate them one from another as a shepherd divides his sheep from the goats: and

He shall set the sheep on his right hand but the goats on the left. Then shall the King say to them on his right hand: Come ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world, for I was an hungered and ye gave me meat, I was thirsty and ye gave me drink, I was a stranger and ye took me in, naked and ye clothed me, was sick and ye visited me. I was in prison and ye came unto me." Here is the true Psalm of Life, "Preparation, work and reward for service."

All the great heroes of the world, in whatever field of action, have added the habit of success to their victories. Their successes have not come by accident or chance but by thorough preparation and devotion to work. The physician is, or should be, a very highly specialized member of organized society. His capacity and his opportunity for service and help are measured by his devotion to work and his love for humanity more than for self. If he has the ability and inclination the physician need never be idle. He may, if he will, increase the ever widening circle of his influence and service. Physicians of other races are born and reared in the field of their labor which has already been prepared for them. But we in this transitional stage of our history have not only to practice but we have to prepare the field, elevate and improve and better the communities wherever we live by every element of thrift that enters into the social fabric.

## THE PHYSICIAN AND THE COMMUNITY

The physician and the community, therefore, is the subject that goes right to the quick of the physician's existence. "Earth gets its price for what earth gives us."

Whoever faithfully, intelligently, carefully and constantly cultivates the soil will learn that the laborer's hopes will not be disappointed if he carefully, faithfully, intelligently plants something in the constantly cultivated soil. He will learn that the highly cultivated soil produces nothing if nothing is planted in it; that cultivated plants refuse positively to do their best or to live when left to grow up with weeds; that there can be no social equality or companionship with the cultivated and the uncultivated; that the one or the other must possess the soil or the one or the other must die. These are plain, concrete facts, constantly demonstrated. But these facts do not apply to the physical or concrete more than to the abstract, the social and the moral ideas. To be plain, you must use the hoe and the plow and other necessary implements for the soil, without which there can be no cultivation. The trained professional mind must be prepared with a competent knowledge of language, mathematics, physics and metaphysics; all other training and culture are complementary and ornamental. These form the rectangular base on which rests the foundation of professional culture.

There is no field of human endeavor where mistakes are more fatal, no field where accuracy is of

more vast importance than in the practice of medicine. Therefore, clean cut Euclidean accuracy is imperative. This cannot be attained without an adequate and competent knowledge of language and mathematics. Whoever takes no thought of how he may add to and multiply his knowledge and efficiency or how he may subtract from and divide his deficiencies should give up his practice and devote his time to the study of the first principles of education.

## PHYSICS

In fact, in name and in practice there can be no physician without a broad and liberal knowledge of the natural and physical laws, without which he cannot guide or treat or prevent the athlete or any other active member of society from developing his muscular system at the expense of his digestive or circulatory system; without which he cannot either direct or instruct in the needed sanitary progress of the times; nor can he make himself the obedient servant of the physical laws that are so essential to his own personal health and happiness.

A sound, vigorous, healthy mind in a sound, vigorous, healthy body is the need of every man, woman and child. It is the duty of the profession to make this need a fact. This cannot be attained without an intelligent, competent profession co-operating with and directing the health and habits of an intelligent community, whose standard of culture and worth, if needs be, have been raised by the assistance and co-operation of the physician.

An interesting bit of your Southern history comes to my mind. The only invalid statesman in all American history, who has left any lasting impression on our laws and letters and whose name is justly due to be placed in the Hall of Fame, is Alexander H. Stephens of Georgia, one time Vice-president of the Confederacy, afterwards Congressman of the United States.

For looks, for ornament and for pleasure, a high state of cultivation may be a nice thing. But what real substantial good does it do the individual or the world? In itself a high state of cultivation has never produced anything. It is a waste of time to put a field or a mind in a high state of cultivation only. The profit, the crop, the reward comes only when something has been planted in the field and in the mind and when it is properly tilled. Field and mind, however highly cultivated, when left unplanted, unattended, uncared for will grow up in rank and noxious weeds on the one hand and vice and vile habits on the other. Now the great truths that are being discovered in medical science, and are to be discovered, will not yield their secrets and their hidden treasures to us unless they are sought for by minds that are clean and cultured and that have planted in them the gospel of work and service, and a love for labor and a devotion to duty.

The idle mind, like idle culture and idle wealth, invites extravagance and decay. "If thou wilt receive my words and hide my commandments with thee; so that thou incline thy

ear unto wisdom and apply thy heart to understanding: yea, if thou criest after knowledge and liftest up thy voice for understanding, then shalt thou understand righteousness and judgment and equity; yea, every good path."

The common mind and the common conscience are universal gifts to humanity. He gives the best service who tears off the mask of ignorance from the mind, frees the conscience and lifts them to the vantage ground of self help, self inspection and self respect. The floating log drifts with the current in obedience to law because influenced and acted upon by external forces.

The motor boat right in the teeth of the current goes up stream because the force is within and in direct opposition to the natural forces. It does not drift with the current, it rides the waves to safety. It is mind in man, a living, pulsating, dynamic force that faces and meets and masters obstacles and opposition and forces its way up in spite of environment and external forces. It is the mission of man to give the largest measure and encourage the broadest freedom and liberty to the human mind. As you go up the most unkindest cut of all is the neglect of the shipwrecked whose helpless drifting pleads to you for rescue.

Confident of the force and power within, conscious of the duties before you, and with a will that knows no bending and a mind prepared for the battles of life, you enter the field of your work and at once put your fin-

ger upon the pulse of society. By personal contact you get the knowledge of the needs of the masses. Spread out like wild weeds in the abandoned field are the diseased and degraded, the sick and the suffering, the vile and the vicious, the ignorant and the imprisoned, lean, pinched, hungry and starving in the land of plenty. At first these may excite contempt, but close contact begets admiration. The humblest weed with its simple silent flower in mute eloquence begs the notice of the passerby and from the rain or dew-drop in its flower-cup or leafy-lap mirrors forth the perfect sun in evidence of its devotion to the god of day. Horse nettle, commonly classed as sand brier or cat brier of sore and bitter memory to the barefoot boy, the enemy of the farmer and the pest of the garden, as a weed is abhorred, as a medicine, it is adored as one of the best nerve sedatives. It has an honorable and noble family connection, a descendant of the great night-shade family. But the most of the night-shade family, excepting the egg-plant, the tobacco, the tomato, the red pepper and the potato as weeds are detested, but as medicine their leaves are for the healing of the Nations. You have only to think of henbane, Stramonium, Belladonna, etc., etc. The poor, the criminal, the debased as the ragged fringes on the outskirts of society are objects to shun and condemn, but as human beings with minds capable of being charged with the power of God-given liberties, with the image of the Maker in their tear-stained faces, they become sub-

jects of admiration and objects that ought to exist and call forth the highest service.

You have anticipated from what has already been said that a plea for a broader view of your professional duty and a higher service to humanity is now to be made. This little story will illustrate better than any argument the point of view to be conveyed.

I have it from good authority from a reliable citizen of Washington, D. C., that a physician from that city, distinguished for his wealth and other qualities, after the accident which was finally the cause of his death decided to go to Heaven. He went up boldly to Heaven's gate. He met Peter and after the usual formalities of giving his name, occupation, his station in life, his wealth, etc., etc., Peter asked him, how much service had he done in the world with his vast wealth and opportunity. He did not recall anything he had especially done for charity; had just spent his wealth and time in social pleasures, but Peter persistently reminded him that his entrance to a large degree, depended upon the amount of good service he had given the poor. Finally the rich physician remembered that he had spent a penny for a pencil, buying it from a little child who was selling them to support her invalid mother. "Think well now," said Peter, "is that all?" "No, I did spend two cents for a pair of shoe strings bought from a cripple boy." "Well," said Peter, "I shall have to take your case up with Gabriel or the bookkeeper." So he went

in, explained the rich man's case to Gabriel who was very busy, then he asked Gabriel, "What disposition shall I make of this distinguished gentleman and where shall I send him?" Without looking up from his busy task, Gabriel said, "Return the gentleman his three cents and tell him to go to Hell."

"Pleasures are like poppies spread,  
You touch the flower the bloom  
is shed.

Or like the Borealis race,

That flit ere you can point the  
place,

Or like the snow falls on the river,  
A moment white, then gone forever.

Or like the rainbow's lovely form,  
Evanishing amid the storm."

Twenty-five years ago, a young man went from Virginia to a New England medical school. When he entered the school the State Legislature of Connecticut was in session considering the destruction wrought on trees and foliage by chlorine gas escaping from smoke stacks of some of the manufacturing plants. The legislature passed a law making it a punishable offense to destroy foliage and trees in this way. The manufacturers employed a chemist to solve the problem. The chemist discovered that by placing alternating overlapping shingles in the smoke stacks and over these cause a constant stream of water to flow down from the top of the smoke stack the chlorine gas and water would form hydrochloric acid. The manufacturers in this way made from the waste product which had been a great destruction to property and a greater loss to

themselves, a by-product of vast commercial value. This commercial history of the manufacturers of Connecticut caused our medical student to accidentally get an idea that there are by-products in education as well as in manufacturing. Completing his studies and returning home, he worked his by-product idea and turned it to some practical account. His great concern was how best to turn his knowledge of economy, social science, sanitary laws, etc., into the best channel that would produce the best result for his community. First, he gave frequent practical talks on home making, health, industry, etc. He organized a civic league and other centres of usefulness. He encouraged and assisted everyone whom he could to buy homes. His influence and help placed hundreds of people who needed homes, but did not know how to take the first step to get them into comfortable, respectable and happy homes. After practicing his profession and by-product ideas for ten years he built ideal sanitary homes and for ten years more he has had the distinction of having the largest number and the best houses for rent of all the landlords in his city.

Now after twenty-two years this same physician counts among his wealthiest, best and most devoted patients these very people whom he taught the first lesson in the art of saving and buying homes. He sends out his monthly statements to them and the return mail brings him their checks. Here is where the proper attention to one's field of labor

yields an adequate and abundant return. But the curious fact in this case is the physician had no thought of personal gain, but this law is here demonstrated, "That he who helps others unconsciously helps himself." He who helps to lift his fellow also lifts himself. Please remember that: "Wisdom is oftentimes nearer when we stoop than when we soar." And he "Who drives the horses of the sun,  
Shall lord it but a day.  
Better the lowly deed were done,  
And kept the humble way.

The rust shall find the sword of fame,  
The dust shall hide the crown.  
Ay, none can write so high his name,  
Time will not tear it down.

The happiest heart that ever beat,  
Was in some quiet breast  
That found the common daylight  
sweet,  
And left to Heaven the rest."

The roll call of the immortals will show high upon the list those who have loved and labored most for

mankind; those who have done most to bring the largest measure of liberty to humanity; and those who have done the most to enlighten the common mind. These are revered and encouraged by the noblest and the best of the world, wherever the stars shine or wherever the waters flow; whether under the guiding light of the polar star or under the brilliant beams of the Southern cross, whether on the Penobscott or on the Sacramento, the critical world admires and approves and finally honors the man who devotes his life to a labor of love for his fellow man.

Dripping with dews of sympathy and fresh from the field of labor I have brought you the fruits of a personal experience and with unadorned simplicity I lay them at your feet.

Gentlemen of the National Medical Association: The fourteenth annual session of this Association is now open for business.

### Education in the Philippines

The public schools in the Philippines (there are over four thousand) stand closer to the people than any other agency. They have become a medium for every reform or policy which the government of the Philippine Islands thinks it wise to inaugurate. Sanitation, hygiene, postal saving banks, domestic science, land distribution, industrial development, agricultural methods—all these are diligently explained to the Filipino student. Fitting the student for life, for his natural environic life rather than for the legal, religious, or literary profession, seems to characterize Philippine education. More and more emphasis is placed on industrial instruction, domestic science, trades, and agriculture, not always successfully, because there are many ele-

ments to be considered, such as financial limitations, difficulty of travel, and lack of aptitude in certain districts; but, on the whole, fairly successfully and with benefit to the masses of the natives. Mr. Frank R. White, the present Director of Education, is energetic along these lines and is getting more and more support for his projects.

The Philippine School of Arts and Trades in Manila and thirty-five provincial trade schools (those located outside Manila in the different provinces or political divisions of the Islands) and manual training schools have been equipped with full sets of wood working tools; twenty-three have been supplied with machinery and several with iron working equipment. Some of these institutions are self-supporting from the sale of articles made.—Southern Workman.

## A NOTE ON UTERINE FIBROIDS AND INTER-CURRENT DISEASES

\*By U. G. DAILEY, M. D.

CHICAGO, ILLINOIS

Dating from the appearance of Boldt's paper in 1905, internists as well as surgeons have been making and reporting observations concerning the coincidence of cardiac diseases and uterine "fibroids."

A word from colored observers is due, for while, to avoid controversy, we may simply call the question as to the greater frequency of fibromyomata in colored women an open one, it is a fact that one of the most frequently performed operations in our own surgical clinics is that of hysterectomy for tumor.

Are there dangers connected with the presence of fibroids other than that of hemorrhage and pressure? There are evidences at hand which would seem to answer, yes. Although many surgeons still refuse to believe that there is a definite relation of cause and effect between fibroids and cardiovascular changes, the clinical fact remains that the coincidence is so very frequent that attention must be paid to the relationship. Whether it is on the one hand merely the introduction of additional resistance in the circuit (circulation) necessitating the compensatory increased blood pressure with its train of sequelae, hypertrophy of the heart, thickened vessels with tendency of cardiac and arterial

degeneration; or on the other, the anemic degeneration or atrophy of the heart, from the repeated uterine hemorrhages so commonly seen; or as in some, both of these factors; finally, whether it is due to some hypothetical toxin (see Doane, Abstracted in The Journal, April, June, 1912), cannot now be decided. Each side of the question has its adherents.

So far as the writer is aware there have been no extensive and detailed studies of autopsy findings of heart and blood vessels in cases with fibroids, although there have been some isolated reports of the discovery of brown atrophy in which there had been no demonstrable lesions during life. I have been impressed with the fatality of pneumonia in patients having fibroids, and have had the privilege of examining post-mortem this winter a number of bodies in which the death was apparently due to cardiac dilatation. One is very much inclined to attribute to the presence of fibroid some part in the fatality. Experience has taught us, and pathology supports this teaching, that the patient with impaired cardiovascular apparatus is going to fight a siege of pneumonia with the chances of success much reduced. These observations, although men-

tioned only for whatever suggestive value they may possess, have moved me from the position held by many, that fibroids should be operated only if they cause symptoms. I feel perfectly conscientious now in saying that in every case where a fibroid is present, an operation is indicated, providing the patient has a reasonable number of years of life expectancy, and can be made a suitable surgical risk. For these tumors, aside from their well known local effects, render the prognosis of intercurrent disease more grave.

A further personal observation strengthens me in believing with those who hold that there is more than a coincidental relationship between cardiovascular diseases and fibroid. In January, 1911 a Mrs. T. consulted me for shortness of breath and "smothering" sensation. She submitted to a thorough examination of the chest, whereupon it was discovered that she had signs of myocardial disease, exhibited in the form of irregularity and occasional intermittence of pulsation. There was no murmur. Her attacks were markedly worse during damp weather; there was no history of acute rheumatism, and I regarded the existence of lues as improbable. She had no symptoms pointing to the pelvis, and an examination of these organs was

omitted. Later, however (June 1911), she found that she had ceased menstruating and a pelvic examination resulted in the finding of tumor. Her cardiac symptoms meanwhile had grown worse. Dr. D. H. Williams kindly examined the patient with me. On August 14, 1911 the tumor was removed. As early as three weeks after operation the patient, without questioning from us, expressed relief from her heart symptoms. Up to the present none of the subjective symptoms have returned. On examination recently no abnormal cardiac findings were discoverable.

In the past year no less than a dozen patients with coincident heart lesion and uterine tumor have been seen. It is unnecessary, of course, to call attention to the advisability of the closest scrutiny of the heart, when the matter of operation is at hand. If there is any doubt of the competency of the heart, appropriate treatment, rest, tonics, etc., are demanded. In view of the fact that myocardial disease is not always diagnosticable by the ordinary examination, it is well to regard every patient with fibroids as being deficient in cardiovascular reserve and the anesthetist should be impressed accordingly. It is hoped that this communication will provoke a discussion of the question.

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According to the Technical World Magazine, February, 1912, by statement of Charles Fredrick Carter, the State of Pennsylvania, by a properly organized and equipped health department, has saved in the last four years 27,000 lives.

Dr. Sam G. Dixon, the commissioner of health, is given credit for this great work. He is also given credit for having discovered Tuberclin, and announced same in a medical journal one year before Koch made his announcement.

## REPORT OF THE HOOKWORM COMMISSION OF THE NATIONAL MEDICAL ASSOCIATION 1912\*

Mr. President and Members of the National Medical Association:

Your commission appointed to investigate the prevalence of hookworm disease among the colored population is happy to report considerable progress in the dissemination of information regarding the nature of the disease, the prophylactic measures which will insure its speedy eradication, and the vast social and economic benefits which will necessarily attend the successful treatment of persons who have been infected.

While it has not been possible, on the whole, to secure separate statistics bearing on the examination for, and treatment of, hookworm disease among the white and colored races, yet from every side comes testimony of the indefatigable efforts of the secretaries in charge of the campaign in the various Southern States, through whose instrumentality dispensaries have been established in many counties, numerous examinations, both clinical and microscopic, have been made, and free treatment has been instituted, in all of which benefits the members of our race have shared as freely as any of the white race. Recognizing no color line in their beneficent endeavors, the state directors of the Rockefeller Sanitary Commission stood ready at all times to work for the good of both races. For this we rejoice and take courage, though feeling some

slight disappointment that the racial standpoint was disregarded in the investigation.

In the various states their plan of campaign was, first of all, to make a survey. A survey is thus officially defined in the Second Annual Report of the Rockefeller Sanitary Commission for the Eradication of Hookworm Disease: "The survey is made by counties; it is based on a microscopic examination of fecal specimens from at least 200 children between the ages of 6 and 18, taken at random—that is, without reference to clinical symptoms—from rural districts distributed over the county. The record shows the number of children examined, the number found infected, the per cent of infection. This result is taken as an index of the degree of infection among children between the ages of 6 and 18, living in the rural district in the given county." Having determined the degree of infection by means of the survey, the next step was to get the people treated and, by means of lantern slides and public lectures, interest them in the prophylactic means taken to combat the spread of the disease.

Quite a number of physicians treated the disease, but the county dispensary was undoubtedly the greatest agency in the matter of treatment. A large number of colored persons were examined and

\*Prepared for the 14th Annual Meeting, Tuskegee Institute, 1912

treated at these, but, as your commission has already pointed out, separate statistics of the relative prevalence of the disease were not kept by the Rockefeller state secretaries, and through lack of funds the commission was unable to undertake extensive investigation. Dr. J. H. Holman, an earnest and hard-working member of your commission, writes: "I worked the city last year. I wanted to work the country this, but I could not get a man to take up the work for me at the price I was able to offer. . . . We must get some money behind this movement and send some one in the country districts to investigate this problem." It may thus be readily seen that this commission is unable to report how many of the 14,749 persons from whom specimens were obtained for microscopic examination by the Rockefeller state secretaries belong to the colored race. That was the number examined in 1910. It is in no better position with regard to the 90,724 examined in 1911. Of the 140,378 persons treated in 1911 in the United States, —or rather, in nine of the Southern states,—we cannot tell how many were colored.

Right here your commission desires to speak in the highest terms of appreciation of the splendid assistance and hearty co-operation it received in its work from Dr. Wyckliffe Rose, Administrative Secretary of the Rockefeller Sanitary Commission, from Drs. Dinsmore of Alabama and Ferrell of North Carolina, state secretaries for the eradication

of hookworm disease. The National Medical Association will rejoice to hear the conclusion arrived at by the first named gentleman who writes: "All statistics thus far go to show that the infection is much lighter among the colored population than among the white. There seems to be some degree of racial immunity. The men report excellent co-operation on the part of the colored people. They have examined the students in many colored schools and have examined and treated many colored people at the dispensaries."

The correspondence between Dr. John A. Kenney, former chairman of your commission, and Dr. Dinsmore, of Alabama, is so interesting that it is given in full:

June 11, 1912.

Dr. John A. Kenney,  
Tuskegee Institute, Ala.

Dear Doctor:

Have just returned to the office after an absence of ten days, and find copies of your report of the Commission, also of the Journal. I have read these reports with very great interest, and you are to be congratulated upon the work you are doing. Ultimately, I believe, it will yield you gratifying results.

I am enclosing you a copy of a report of one of our investigations made at the industrial colored school, Calhoun, Ala. The figures from this school are of interest as contrasted with the findings of your commission, which reported 6,680 examinations, with only 32 positive findings, showing a percentage infection of less than 0.5 of 1%. It will be interesting to know the geographical distribution of the cases you examined, also the age limits.

Of course your examination of over 6,000 cases justifies conclusions better than this report which I enclose. Nevertheless, I feel sure that this comparison will interest you.

We hope to do more of this investigation as our work develops.

I would greatly appreciate it if you would send me six copies each of the Journal containing your report, also six copies of your bulletin report of the hookworm commission. I should like to send these to my field force, and to the Washington administrative office and to keep them also on file in my office.

I shall be glad to co-operate with you and help you in any way I can. If you have any suggestions to offer, they will be greatly appreciated.

Thanking you in advance for the favors asked herein, I am,

Very sincerely yours,

(Signed) Wm. W. Dinsmore,  
State Director Sanitation.

June 13, 1912.

Dr. William W. Dinsmore,  
State Board of Health,  
Montgomery, Ala.

Dear Sir:

Yours of June 11 carefully noted, and with appreciation. I am glad that you found the literature of some interest.

The copy of the report of investigation of the colored school at Calhoun, Ala., noted with interest.

Sometime in the near future I hope to be able to send you copy of report of one of the members of our commission, with reference to investigation at the A. and M. College (colored), Greensboro, North Carolina, where a high percentage of infection was found.

Under separate cover I am sending you four copies of the Journal containing the report, and six copies

of the reprints of the report of the hookworm commission. I regret exceedingly that I cannot send you the six copies of the Journal as you suggested, the edition having been exhausted; it was with difficulty that we found four.

I thank you sincerely for your offer of co-operation and help. I shall appreciate greatly getting any literature which you are mailing on the subject.

You make reference to any suggestions which I may have to offer. In a previous letter I asked if you thought it feasible or practical to put a colored physician in the field to go among the colored people, as he could, and would, do in a way hardly practical for the white physicians. In my opinion he could do great good in teaching the people the simple rudiments of sanitation, hygiene and correct living, for which teaching, as you know, my people stand in distressing need. Should you favor such a plan, is there any source from which the funds could be forthcoming for the finances?

Do you think the commission handling the Rockefeller fund would be favorably disposed to such a proposition? Finally, could we reach the commission with such a proposition, would we have your endorsement?

Again with sincere thanks for your generous expressions, I am,

Very truly yours,

(Signed) John A. Kenney,  
Managing Editor.

State Board of Health,  
June 15, 1912.

Dr. John A. Kenney,  
Tuskegee Institute, Ala.

Dear Doctor:

I have your favor of June 13, also copies of the Journal and reprints. I thank you very much for these.

I am in correspondence with the Washington office just now with reference to some suggestions and propositions in your recent letters, and I shall wait to hear from them, therefore, before writing you full details. I hope you may be able to develop some kind of co-operative work. Shall write you again within the next week, and will do all I can to try to develop this co-operation suggested by you.

Very truly yours,

(Signed) Wm. W. Dinsmore,  
State Director of Sanitation.

Of especial interest to us are the statistics bearing on the relative degree of infection among the white and

colored population of North Carolina and furnished to your commission by the courtesy and kindness of Dr. John A. Ferrell, the Rockefeller state secretary. Dr. Ferrell distinctly states that the problem of hookworm disease is a problem of sanitation and as such does not admit of color line. However, as your commission was so very much interested in the racial factors entering into the etiology of this disease, he kindly gave us some statistics dealing with an examination of 7,051 white and 1,825 colored school children in two city schools and twenty-four counties of North Carolina:

NAME OF SCHOOL	MICROSCOPIC EXAMINATION		INFECTED	
	WHITE	COLORED	WHITE	COLORED
Southport Schools.....	31	60	5	2
Asheville Schools.....	1186	481	118	20
Rural Schools (Burke County).....	303	43	191	7
Rural Schools (Chowan County).....	174	30	98	4
Rural Schools (Edgecombe County).....	74	26	35	1
Rural Schools (Edgecombe County).....	1037	112	404	17
Rural Schools (Gates County).....	753	136	280	38
Rural Schools (Greene County).....	527	17	265	5
Rural Schools (Hertford County).....	301	88	94	28
Rural Schools (McDowell County).....	480	82	262	26
Rural Schools (Wake County).....	160	34	38	7
Rural Schools (15 Eastern Counties).....	2025	716	1320	174
Total.....	7051	1825	3110	329

The ultimate analysis of these statistics shows an infection of 44.1% among the white race and 18% among the colored. Comparison may be made with statistics from the Colored Industrial School at Calhoun, Alabama:

Pupils enrolled (ages, 13 to 27 years).....	209
Number examined for hookworm infection....	72
Male .....	33
Female .....	39
Number found infected.....	26
Male .....	14
Female .....	12
Infection.....	36.1%

A special investigation was conducted by one of the members of your commission at the Agricultural and Mechanical College for the Colored Race, Greensboro, North Carolina. Dr. S. B. Jones, the resident physician, reports that during the school year 1911-1912 there were enrolled 219 students, all males, of ages ranging from 16 to 28. This membership is for the most part drawn from the rural population residing in almost every county in North Carolina and several border counties in Virginia and South Carolina. Hence a careful examination of the students in this school should furnish some interesting information. Upon entrance a brief record is made of the medical history of every student. During the past year it was found that out of the 219 students enrolled 101 gave a history of infection with ground itch or dew poison at some time or other in the early period of their lives. If it be conceded that a history of ground itch which is positive and trustworthy may be regarded as conclusive proof of hookworm infection, then 41.6% of the whole student body gave evidences of early infection. Six of the number showed such marked signs of infection that hookworm disease was clinically diagnosed. The investigator was particularly interested in eliciting histories of geophagy. The findings showed that ten admitted the habit of clay-eating, a few clearly acquiring the habit through imitation of older persons. Of those who admitted having suffered from ground

itch, forty-one also declared that they had been accustomed to eat clay, baked or in its natural condition. Those who gave a history of ground itch came from forty-four counties of North Carolina and four of Virginia; from two counties of South Carolina and one parish of the island of Jamaica, British West Indies. From this clinical information it appeared that ground itch infection prevailed to a high degree in the following counties of North Carolina among the colored population: Wake, New Hanover, Richmond, Hoke, Robeson, Greene, Johnston, Beaufort, Granville, Wilson and Durham.

On three distinct occasions specimens of feces were sent to the State Laboratory of Hygiene, Raleigh, North Carolina to be microscopically examined for the ova of hookworm. Seventy-eight specimens were sent on the first occasion and hookworm ova were demonstrated in seven; in three, the ova of ascaris; in one, the ova of strongylides. Of the seven found to be infected two had before given clinical evidence of the disease. On the second occasion eighteen specimens were examined. Five were positive with the ova of hookworm; one with that of ascaris. At the last examination three were examined and no ova were found in the specimens. In all, one hundred examinations were made. Twelve of the number were found to be infected.

The twelve infected students showed signs of only a mild infection. Four of the number were good

students in their literary work, in mentality above the average in their respective classes. One of these, however, was lazy and shiftless, from time to time exhibiting a generalized furunculosis which may, or may not, have been part of the symptom-complex of hookworm disease. Two were of moderate ability, and six were distinctly below the average.

Treatment was advised for these infected students. One positively refused treatment, five were indifferent and neglected to come to the physician; six were treated by conservative method of thymol with magnesium sulphate without a single untoward result. There was marked gain in weight in all the cases treated, the gain ranging from four to ten pounds. In addition to the twelve positive cases three other students came for volunteer treatment. One of these was from the parish of New Orleans, Louisiana. In spite of a negative microscopic diagnosis he insisted on treatment. His example was followed by one from Wake County, North Carolina,

who had previously given clinical and microscopic evidence of the disease but had neglected treatment. The third case was from South Carolina. This patient had experienced such a sense of well-being and decided gain in weight from a previous treatment that he insisted on a second treatment before leaving for work on his farm, alleging that he knew he would feel better even though the microscopic examination had been negative.

Whenever a patient was treated the feces were washed in his presence through cheese cloth and the dead worms shown to him. He thus had an object lesson of the nature of his trouble and usually was the best person to advise treatment among suspected cases. One of these grateful patients, treated just before leaving for his summer vacation, writes: "Doctor: When I left school my weight was 140 pounds, but now it is 150 pounds, so you see I have gained ten pounds. I am glad to say that I have improved a great deal."

#### Summary of Investigation at the A. and M. College, Greensboro, North Carolina:

Number of students enrolled.....	219
Percentage of students giving history of ground itch infection on entering school .....	41.6
Percentage of students giving history of geophagy on entering school.....	23.2
Total number of microscopic examinations made.. . . .	100
Total number of positive (microscopic) infection.....	12
Number treated (positive infection).....	6
Number treated empirically.....	3

#### CONCLUSIONS AND SUGGESTIONS

Your commission is of opinion that the charge made against the Negro of being the chief dissem-

inator of hookworm infection can not be sustained either from our own investigation or that of the Rockefeller secretaries. However,

it is clear to us that where the disease exists to a large extent in certain communities a high rate of infection among the white population signifies a relative high rate also among the colored. Whether a racial immunity exists or not, your commission is unable to report. But it must be remembered that the disease is prevalent among Negroes in other portions of the world. Dr. Fisch of the Basel Mission, Gold Coast Colony, West Africa, estimates that over 50% of the natives there are infected. That the infection is "common among the poorer classes" at Freetown, Sierra Leone, is hinted at in the report of the Colonial Secretary of that colony. Twelve years ago Dr. A. L. Wykham, of Antigua, British West Indies, in the presence of the chairman of your commission, who was then a layman, discussed the clinical symptoms of the disease in a colored child with a brother practitioner of Barbados, British West Indies. Indisputable evidence is at hand that an infection, more or less widespread, is demonstrable in the West Indian Islands of Barbados, Antigua, Dominica, Santo Domingo, Jamaica, Martinique, in all of which there is a large colored population.

But while your commission was keenly interested in the racial elements in the etiology of hookworm disease, it preferred the human outlook in regarding the problem, a position in which it was upheld by at least one of the Rockefeller secretaries who wrote: "Your interest in this work is greatly appreciated, as well as the good judgment you

show in discussing the various aspects of the disease and the burden falling on the races jointly in the eradication of the filth borne diseases."

Your commission would urge colored physicians located among rural communities to familiarize themselves with the etiology, symptomatology and therapy of hookworm disease, bearing it in mind in their differential diagnosis when dealing with certain obscure cases of anemia, indigestion, dropsical effusion in young children and indolent ulcers.

While acknowledging the splendid work done for our race by the various Rockefeller state secretaries in the eradication of this disease and the consequent improvement of sanitary conditions in the South, your commission is of opinion that the colored population would be reached more readily and effectively if funds were forthcoming so that two or three colored physicians might be appointed to give their whole time to lecturing on the causes of this disease and the hygienic and prophylactic measures necessary to control it. Such men would visit the colored schools and inaugurate among the young students of the colored race a leadership looking towards sanitary reform in their respective communities. Physicians appointed to this work would secure the active sympathy and support of the colored churches, and working through them enlist every social and religious agency in this hookworm campaign, which is only part of a larger and more important contest

for healthful conditions of life for our race and a diminishing of our excessive death rate in every section of the country.

To sum up, your commission feels that the hookworm problem is a human and not a racial problem. It is part of the larger problem of sanitation and preventive medicine. Our race needs the best trained of

its physicians for this work. It needs funds to support them.

Respectfully submitted,

S. B. Jones, M. D.,  
A. and M. College,  
Greensboro, N. C.

John A. Kenney, M. D.,  
Tuskegee Institute, Ala.

J. H. Holman, M. D.,  
7 N. Hill Street,  
Nashville, Tenn.

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### Hookworm and Immigration

M. W. Glover, Angel Island, California (Journal A. M. A., June 15), gives the results of a study of the occurrence of hookworm in oriental immigrants at the port of San Francisco. Between the dates of September 23, 1910, and November 30, 1911, the stools of 2,255 aliens were examined microscopically for parasites, and of these 1,077 were found to contain the eggs of either the *Necator americanus* or the *Ankylostoma duodenale*. After November, 1910, he has records also of the findings of other parasites. During the period from September 23, to November 28, 1910, the largest number of Hindus were examined, and sixty-three per cent were infected with the hookworm. They were, however, remarkably free from other parasites, in striking contrast to the Chinese and Japanese. Tabulated statements are given of the findings in Chinese, Japanese and Hindu males and females respectively, as regards the appearance of parasites of all kinds and more especially of the hookworm. In drawing conclusions it must be remembered that only the comparatively young immigrant and that the instances of parasites, of hookworm especially, are influenced by this fact, the larger number of infected cases being found in the younger ages, as a rule. The highest percentage was in the ages between fifteen and thirty, though this was not uniformly so. The greater prevalence of hookworm in Japanese females is accounted for by the fact that most of them are from the country and most of them have been accustomed to

working barefoot in the fields, while the Chinese women are mostly the wives and daughters of merchants or are housewomen. The Japanese are mostly selected cases, as they immigrate to become the wives of Japanese men already in this country, and are what are locally known as "picture brides," the marriage having been recorded in Japan by photographs. It is very seldom that a serious case of hookworm is seen among these immigrants, but an experienced eye can readily recognize the symptoms. There is a certain amount of anemia, apparently best noticed in the lips, a peculiar muddy complexion, often with listless faces, and a lusterless appearance of the hair characterizing the hookworm-infected in San Francisco. The evidence points strongly to the fact that hookworm must be very prevalent in Japan, and this is borne out by the examination of fifty-three Japanese coolies transhipped through San Francisco to Tahiti, of whom forty-eight were found infected. In conclusion Glover calls attention to the important influence that Oriental immigration may have on the medical history of our country.

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Fredrick Hoffman, statistician of the Prudential Insurance Company, estimates the net economic value of a man, that is, the selling value of his product less the cost of materials, the wear of machinery and the cost of living for the man and his family, at \$300 per year for the normal period of industrial activity, which is from the fifteenth to the sixth-fifth year.

## MILK AND ITS RELATION TO PUBLIC HEALTH

\*BY J. P. GOLDEN, M. D.

The results of unremitting work of interested boards of health, the missionary endeavors of milk commissions all over the country, the far-seeing philanthropy of a few rich men, the co-operation of a few milk producers and a moderate number of consumers, have been that quite a fair proportion of the laity have come to require certain visible characteristics in milk, and certain other invisible, but vouched for by those who know. In other words, many people have arrived at the belief that milk should be the unadulterated product of the cow, free from disease, dirt and bacteria, when started on the way to the consumer; and further, that it should be so handled in transit, as to arrive at its destination in practically as good order as when it was shipped.

The milk experts have come to consider milk from its physical, its chemical, its bacteriological and its economic sides; and they demand, not only a milk that is pure, in so far as bacteria and other contaminations are concerned, but also milk that is chemically and physically fit for the different uses to which it may be put.

Further, they recognize its economic value, not only as a substitute for breast milk, and for the nourishment of the child older than the suckling, but also as its increased

value as a wealth producer, if both producer and consumer are alive to the best interest of both parties. Still further, those engaged in the study of the prevention of infant mortality are deeply impressed by the great efficiency of good milk as a conservator of life, and by the immense mortality in those regions where good, clean milk cannot be obtained by those who need it most.

Since the beginning of the agitation for cleaner and better milk, following the pioneer work of Rotch and others in the matter of substitute infant feeding, the question of the physical condition of the milk has been one which has received much attention. In the beginning, it was found that commercial milk (the only supply then available) could be made safe, in so far as pathogenic bacteria were concerned, by sterilizing, and that, further, it would keep sweet for some time; but at the same time it was recognized that its digestibility was impaired by reason of the changes which took place in its casein and albumen constituents.

Then came recognition of the fact that the long continuance of any cooked food was hurtful to the child and was often followed by scorbutus. Arguing from these premises, it was found that Pasteurization would do for milk, so far as the bacteria were concerned, all

that sterilization had accomplished; and so Pasteurized milk became the standard for a time and was popular with the laity because the milk "kept," and with the profession, because pathogenic bacteria were killed. Rickets and scurvy still obtained.

Coincident with the improvement of the milk supply, came recognition of the fact, that many of the diseases of nutrition would be avoided by the use of clean, raw milk; and with this light came renewed efforts to improve the milk supply. How well these efforts have been rewarded is evidenced by the increase in the number and importance of medical milk commissions throughout the country. It has now become the rule by real pediatricians to use, whenever possible, raw milk, preferably certified by some reputable milk commission.

The value of milk as a food for the invalid, the child and the infant is beyond question; and as a substitute for breast milk is practically the best and only thing. Providence made for the normal human infant a food raw, sterile and of such chemical and physical properties as to serve best its needs; and, when such normal food is lacking in quality and quantity, it is almost axiomatic to say that that substance which is nearest to breast milk, chemically and physically, is the proper substitute. So far, nothing has been found so good as raw, clean, modified cow's milk.

So much has been written concerning the production, handling

and distribution of milk, that to more than name the salient points would be superfluous. Disease-free cattle, of such breeds as produce the desired quality and quantity of milk; hygienic management of these herds; sanitary barns; healthy caretakers; scrupulous cleanliness of both men and utensils,—yes, and of the cattle too; proper use of all means for the keeping out of bacteria, and for the inhibition of the growth of such few as get in; improved physical means of shipment; cold storage plants for the reception and retention of the milk during the necessary time before delivery; the actual delivery of the milk in as good condition as when it left the producer's premises; the education of the consumer in the matter of the proper care of the milk during the interval between its reception and consumption; these, then, are the matters still to be dealt upon, still to be urged upon consumers and producers alike.

The possibility of human infection from tubercular milk has always been a question of great interest to the producer and the consumer as well as to the profession; and because of the prevalence of tuberculosis among cattle, it is one of great public interest.

When Koch first discovered the cause of tuberculosis, he coupled with his announcement the statement that he "considered the infection identical in both man and cattle," and this view was most generally accepted. In 1901 he announced that the disease was differ-

ent in man and cattle, and that there was no need to prevent the use of tubercular milk for human food.

As a result of this statement by Koch, and because the evidence upon which his statement was made was considered incompetent and unsatisfactory, the governments of many countries appointed commissions to take up the matter, and many public and private scientists immediately began research work in this field. The result of the work of these commissions and scientists was so strikingly similar that it is now the generally accepted opinion that human beings, especially children, may become infected with tuberculosis from cattle.

A great deal of statistical work has been done within the last few years along this line, but at present we are unable to say what percentage of tuberculosis in man is a result of infection through the intestinal tract without leaving any lesion in the abdominal cavity, the first alteration being found in the lungs or thoracic glands. Therefore the presence of pulmonary tuberculosis in infants, without intestinal lesions, is no indication that the disease was not transmitted by milk, and it is quite credible, that a very large proportion of tubercular children, have been infected by bovine tubercle bacilli. Competent observers have demonstrated, also, that tubercular infection may take place through the tonsils, and that the tubercle bacilli in the milk may pass through a mucous membrane, without leaving any trace of their way of entrance.

The question then arises as to the type of tuberculosis in children, whether of bovine or human origin. Von Behring states that the infection in many cases of pulmonary tuberculosis in man is of intestinal origin, and that the infection was caused by drinking tubercular milk during infancy, the bacilli having remained latent until adult life. Of course, direct experiment upon human beings are out of the question; therefore the finding of bovine tubercle bacilli in human lesions is the most direct proof that tuberculosis in cattle is responsible for a certain amount of tuberculosis in man. Numerous investigations with this object in view have already proved this fact. For example, the examination of fifty-six different cultures of tubercle disclosed six which were more virulent than is usual for bacilli of human origin, causing marked lesions of tuberculosis in cattle inoculated with them, and making over ten per cent of these cases tested, that were affected with a form of tuberculosis which, by Koch's own method, must be classified as of bovine origin. These bacilli, with the exception of a single group, were all derived from the bodies of children under seven years of age, being taken from tubercular ulcers in the intestines, the mesentery or from the lungs.

In a similar series conducted by the British Royal Commission on Tuberculosis, sixty case of the diseases in the human were so tested, with the result that fourteen cases proved to have been infected from bovine sources. Ravenel reports

that five cases of tuberculosis in children received their infection from cattle. Theobald Smith has established that from twenty-five to fifty per cent of the cases of human tuberculosis, starting in the cervical and mesenteric lymph glands, are bovine in origin; while Parke recently found four cases of bovine infection out of eleven cases of generalized tuberculosis of infants and three cases due to bovine type of bacilli out of sixteen cases of adenitis. Of four cases of generalized tuberculosis in children examined in the biochemic division of the Bureau of Animal Industry were found to be virulent organisms, which warranted the conclusion, that such children had been infected from bovine sources. The pathological division of the same Bureau has likewise, out of nine cases of infantile tuberculosis examined, obtained two cultures of tubercle bacilli, which could not be differentiated from bovine cultures.

In Europe so many similar instances of bovine tubercle bacilli having been recovered from human tissues are on record that it appears entirely proved that man is susceptible to tuberculosis caused by animal infections, and while the proportion of such cases can not be decided with even appropriate accuracy, it is nevertheless incumbent upon us to recommend such measures as will guard against these sources of danger. Ravenel has collected a number of cases of human tuberculosis, which have been studied with special reference to the type of bacilli causing them, whether human or bovine, and

states of the 306 cases reported, sixty-three, or approximately twenty-per cent, were due to the bovine tubercle bacillus.

Careful experiments by trained and responsible investigators have demonstrated beyond reasonable doubt, that tubercle bacilli at certain times may be present to such a degree, that milk from a diseased udder is capable of infecting without the udder showing any indications of its being affected. Furthermore, cows, which have tuberculosis of the intestines, are very commonly sources of infection, because of the large number of bacilli thrown off in the excretions; and the dust and manure of the stable, where the diseased animals are kept may, on becoming dry, easily contaminate the good milk of healthy cattle.

Further, aside from the danger of tubercular bacilli in milk, some investigators consider the milk of tuberculous cows dangerous even when bacilli are not present, on account of the toxins it contains. Such milk has been injected into tubercular cows and a reaction obtained.

Outside of any question as to the frequency of tuberculosis, from bovine infection, is the economic fact that tuberculosis is a very prevalent and rapidly spreading disease among cattle, and the pecuniary loss of continuing tubercular cattle in any herd is ultimately very great.

Milk has long been looked upon with suspicion, as being the direct cause of many epidemics, and in Bulletin 36 of Hygiene Laboratory

of the Government, from which I have quoted freely in this paper, have been collected 500 epidemics which are chargeable to an infected milk supply. Epidemics of typhoid are known to be caused by infected milk, in number, second only to those caused by infected water; and although up to the present time, it has not been provable that epidemics of scarlet fever were caused by any specific organism in the suspected milk, yet it is almost certain that many epidemics are caused by the infection of milk, by the scarlet fever bacillus or virus. The fact that Vipond has recently reported that he has found an apparently specific bacillus of scarlet fever, will open up an interesting field of investigation.

That diphtheria has been spread by milk, we have long been able to prove. Of course, much of the evidence in regard to the spread of any disease by milk is somewhat circumstantial; yet, when an outbreak of a certain disease occurs, among those who have a common milk supply, when the specific organism can be demonstrated, and when the disease can be traced back to the source of the milk supply, the chain of cause and effect becomes pretty complete. The lesson to be drawn from such facts as these, is that eternal vigilance, in the matter of the production and the handling of milk, is our only safeguard, as far as the health of the consumer of cow's milk is concerned.

Among the many relations which the milk supply has to the public

health, none is more important than that borne by those institutions, which have for one of their objects the dispensing of proper milk to the poor. These so-called milk depots were called into existence because of the growing recognition of the fact that bad milk and bad hygiene were greatly responsible for the very large mortality among infants of less than one year of age. While to the layman the main object of these institutions is the dispensing of proper milk, to the physician there are at least two other functions which transcend in final importance the milk itself.

The first and most important point is the proper teaching of those who are wont to come to such institutions concerning the proper hygienic care of their children, the proper methods and hours of feeding, and the proper care of such milk as is dispensed to them. Second, the teaching of the necessity of breast feeding and the encouragement of it. It is at present a growing fashion to feed babies from the breast, in contradistinction to the almost universal practice a few years ago of giving the baby some food other than breast milk. That these functions of the milk-station scheme are as valuable in the long run as in the dispensing of proper milk has abundantly been proved. That the decrease of infant mortality in big cities has been due to the results of the work of those who manage and teach in such institutions is readily proved by a perusal of the mortality tables of the big cities, especially

New York, where much attention has been paid to statistics upon this subject.

It is of no avail, however, when those children, who are brought up on an artificial food, are supplied with the proper milk, either plain, Pasteurized or modified, if the caretakers have not, at the same time, been taught habits of cleanliness and care in regard to the handling and keeping of this food. What does it avail to give a child the proper modification of milk and have it handled, after its reception by the parent, so that the milk becomes in a few hours decomposed, and so full of bacteria and toxins that the last state of the child fed upon it is worse than the first?

Perhaps one of the most significant accounts of the good which milk stations have accomplished is that published by the committee on the reduction of infant mortality, a part of the New York Milk Commission. It states that out of 125,000 babies born in New York City annually, 16,000 die under one year of age, and of this number more than 50 per cent waste away for the want of proper food and care. It has been proved that these babies need not die if their mothers can be taught how properly to feed and care for them; if pure and properly prepared milk can be supplied at prices which they can afford to pay and if mothers who have been, through poverty and overwork, illy prepared to nurse their babies, can be so nourished and rested as to be able to give the natural food to their children.

In the summer of 1910, out of 100 babies, rich and poor, in New York City, 17 died. In the Infant's Milk Depot, maintained by the New York Milk Committee, only 20 babies out of 350 died, and only one died from improper feeding, which was responsible for a great many infants' deaths throughout the city. One of the most important relations of milk supply to public health is the quantity as well as the quality of the supply itself. All milk commissions have great difficulty in inducing producers to supply milk of a proper quality, because the quantity called for does not make it a profitable business. To produce milk of a proper quality is an expensive undertaking, and until the general public is educated to the point of being willing to pay a fair price for a first-class milk, just so long will dairymen be loath to expend the time, energy and money necessary to supply in quality and quantity such a milk as might be used universally to the great advantage of those who need it.

To recapitulate briefly:

1. The public is being educated in its ideas as to the value of good wholesome milk.

2. The expert's standards are constantly being raised.

3. Clean, raw milk is recognized to be better food than when sterilized or Pasteurized.

4. Raw, clean milk modified to suit the individual infant, is the best of the substitute foods.

5. Because of the possibility of the infection of man by bovine tu-

bercle bacilli, tuberculosis among cattle should be eradicated.

6. Because of its known role, as a disease-carrier, the production of all milk should be closely watched by competent inspectors.

7. The great value of milk depots is their relation to the morbidity and mortality of infants and young children.

8. A plea for the more general recognition of the economic rights of the producer, and the education of the masses to the belief, that a good product deserves and should obtain a good price; and that the best is none too good for the children.

### Some Reasons Why Negroes Remain Poor

Poverty tends to perpetuate itself among the Negroes of the North as elsewhere. It means ignorance, bad housing conditions, unsteady work, all of which it causes and which also cause it. The highest rents paid in the cities are paid by the poor—and the Negro poor. On Warnock Street in Philadelphia, an agent, by renting out by the room his six-room house, received \$360 to \$380 per year when the property was assessed at only \$1,000. This is typical of the treatment of the very poor.

Miss Emily Dinwiddie shows that Negroes pay thirty-seven cents per room per month more for rent than the Italians and thirty-three cents more than other nationalities. A charity agent says that she finds it most difficult to place a Negro family in a small apartment without paying excessive rent. In houses with furnished rooms, Negroes pay from \$1.00 to \$3.00 per month more than whites pay for the same kind of room. Rent is generally a larger item with the poor Negro than with the poor white. The average rent for Negroes per month, when only one family occupied the house, was, according to Miss Dinwiddie, \$12.92, while the Italians paid \$7.99, and the Jews and others \$8.78. When two or more families occupied the house, the rent was \$7.48 for Negroes, \$5.51 for Italians, and \$5.18 for Jews. The poor also pay more for coal. At this writing, pea coal is \$3.25 per ton, buckwheat, \$4.50, and stove, \$6.50, while pea is selling by the bucket at twenty cents, or about \$15.00 per ton. The poor pay more for ice in the summer, more

for rent, more for coal, more for clothes, and for most of the necessities, and are thus kept poor. In the case of provisions, this is largely due to buying in small quantities.—R. R. Wright, in *Southern Workman*.

### Serving the Master Avarice (The Rev. C. C. Colton, in "Lacon")

Avarice is a passion full of paradox, a madness full of method; for although the miser is the most mercenary of all beings, yet he serves the worst master more faithfully than some Christians do the best, and will take nothing for it. He falls down and worships the god of this world, but will have neither its pomps, its vanities, nor its pleasures for his trouble. He begins to accumulate treasure as a means to happiness and by a common but morbid association he continues to accumulate it as an end. He lives poor to die rich, and is the mere jailer of his house and the turnkey of his wealth. Impoverished by his gold, he slaves harder to imprison it in his chest than his brother slaves to liberate it from the mine. The avarice of the miser may be termed the grand sepulchre of all his other passions, as they successively decay.

In 1906 the Pennsylvania death rate per 1,000 was 16.5; in 1908 it had dropped to 15.7. Pennsylvania has some 40,000 cases of tuberculosis within its borders, and spends two and one-half times as much money for stamping out this plague as on its other health work. Since its department of health was created in 1905, \$8,558,048 has been appropriated for its use up to the end of 1912.

## THE PRACTICAL VALUE OF WASSERMANN'S REACTION

BY A. O. CAMPBELL, M. D.

Boston Dispensary Hospital, Boston, Massachusetts

During my assignments at the various hospitals of Boston while a medical student and since graduation, I have been able to see the practical value of the Wassermann reaction, or sero-diagnosis of syphilis. The diagnosis of congenital syphilis, for instance, in the past was wholly dependent on the clinical signs, symptoms and history given by the mother of previous stillbirths or miscarriages. There are now three other methods at our command for further examination in making a positive diagnosis. They are:

1. Microscopic diagnosis, based on finding the exciting cause of syphilis—*Treponema pallidum*.

2. The sero-diagnosis, which depends on the Wassermann reaction.

3. Inoculation experiments, or the injection of monkeys and rabbits with syphilitic virus.

The clinical diagnosis is still the most generally applied and therefore the most important of all.

### THE MICROSCOPIC DIAGNOSIS OF SYPHILIS

The *Treponema* is the etiologic factor in the production of syphilis; the proof depends on the following.

1. The *Treponema* has never been found in healthy tissue.

2. That it has been found in the tissue from (a) various forms of

congenital syphilis; (b) various forms of acquired syphilis; (c) syphilis produced artificially in goats, rabbits and guinea pigs; (d) the isolation of the *Treponema pallidum* in pure culture completes the chain of evidence.\*

3. The microscopic method for determination of the spirochites:

"The serum from a primary ulcer, moist papule or chancre is collected either by a sterile platinum wire or spatula or by a sterile glass pipette."

The spirochites may be examined microscopically, living or dead.

### TECHNIQUE

In determining the presence of living spirochites, a drop of serum is collected and placed on a clean slide with a clean cover-glass laid over it. The dark field illumination proves a better way of studying the living *Treponemus* than the usual microscopic illumination. The unstained specimen is, however, presented in a manner reverse of the usual way, that is, the spirochites appear in a dark field as bright, shining, twisted fine threads.

To examine the dead spirochites, the specimen is first dried in the presence of the staining fluid, which is the best sterilized Chinese ink, diluted in proportion of 1:10 with distilled water. The oil immersion (lens) is used; the spirochites stand

\*Lucas—American Journal—Diseases of Children, April, 1912.

out very clearly from the rest of the field which takes the stain of the ink leaving the spirochites as white threads.

#### THE WASSERMANN REACTION OR SERO-DIAGNOSING SYPHILIS

The Wassermann reaction depends on the fact that serum from a positive syphilitic patient contains certain reaction bodies or immune bodies, which, in the presence of a known antigen from the liver or spleen of a syphilitic foetus, combines with the complement. The complement, being bound in this first step, does not enter into combination with the hemolytic system, which is the indicator of the reaction, and therefore hemolysis is prevented. This gives the positive reaction, described by Bordet and Gengoin in 1901, and applied by Wassermann in 1905 to the diagnosis of syphilis.

If, on the other hand, the serum of a normal person is brought in combination with a known syphilitic antigen, obtained in the same way as the above, there will be no union with the complement, which is left free to unite with the hemolytic system, always the indicator, and hemolysis occurs, giving the negative reaction.

The Noguchi\* butyric acid test and the Nonne-spelt ammonia-sulphuric solution, for testing the increase of globulin-content in the cerebro-spinal fluid, are both used in the sero-diagnosis of syphilis, but none has the specific nature in its

\*Noguchi—Same Diagnosis of Syphilis.

results as the Wassermann reaction has.

Two didactically accepted laws were called into question by the Wassermann reaction:

1. Colle's law, according to which the mothers of syphilitic children are sound and immune against syphilis.

2. Profeta's law, according to which the children of syphilitic mothers are immune against syphilis. That syphilitic children have no manifestation or external symptoms of lues is a well accepted fact. Even the well known Hutchinson's triad is comparatively rare. Often there is only a slight nervous condition or simple anaemia.

Dr. W. P. Lucas, of Harvard, under whom I saw most of my cases, examined twenty mothers with syphilitic children with only one negative reaction, and ten women with babies in whom a positive clinical diagnosis could not be accurately made. Seven of these gave positive reactions; the three negative cases have not as yet shown any more definite symptoms than when first seen and their babies have thrived without any specific treatment. Only six of these thirty mothers gave any history of specific lesions or had any evidence of lues at the time the reactions were done.

The use of wet nurses is being widely acknowledged in difficult feeding cases or in cases in which breast feeding is desired during the first few months of life. The importance of the Wassermann reac-

tion in these nurses needs special attention. Dr. Lucas did reaction in twenty-six wet nurses with three positive reactions. These three cases had no signs of syphilis from their previous histories; all were primiparas, and as far as their physical examinations went were apparently free from any specific taint, and at the time of the reactions their children were normal.

This evidence, together with all that has been collected from similar experiments and results of Muller, Knopfmacher, Reiche, Baish and Swift, seems to indicate that the period of immunity defined by Colle's law is really a period of latent syphilis as shown by the reactions. Similarly, a positive reaction in a high percentage of sound children from clinically syphilitic mothers shows that their immunity, defined by Profeta's law, is only latency. As many of these so-called immune mothers and children later present evidences of syphilis, it should be made a rule to treat any such apparently sound mothers or children who give positive reactions as though they presented active evidence of the disease, and prohibit any wet nurse that reacts positively from nursing any but known luetic babies.

The following case illustrates the practical value of the Wassermann reaction:

A. R., seven months old, was admitted to the hospital from the outpatient department.

Family History: Father and mother both living and well. One

brother living and well. Mother has had no miscarriages. No history of tuberculosis in the family.

Present History: Baby has had indigestion and slight snuffles since birth. He is getting modified milk, as the mother is unable to nurse him. The formula is: Fat 2.5%; sugar (maltose) 5%; proteid 2%; lime water 25%; milk and cream. He vomited after feeding; had a diarrhea with green stool. The baby catches cold easily and is very fretful.

Physical Examination: Poorly developed and nourished. Skin dry and scaly. No rash. Head fairly well formed. Anterior fontanelle 4 x 2 1-2 cm; posterior fontanelle open—sutures not well closed. Mucous discharge from nose and eyes. Mouth and ears are negative. Glands of neck slightly enlarged.

Chest: No rosary. Lungs resonant, but there are heard everywhere crackling and musical rales which are transient.

Heart: Normal in size, no murmurs.

Abdomen: Full, tympanitic and soft; no masses.

Liver: Two cm. below costal margin in midline.

Spleen: Not palpable.

Genitals: Ulcerations of scrotum. Buttocks show same; condylomata and fissures are in the anal region. Inguinal glands are enlarged.

Extremities: No paralysis or oedema. Ends of toe nails are cracked and split; fingers show same condition. Reflexes present. Kernig's and Bobinski's signs absent.

Urine: Alkaline in reaction. No albumin; phosphates present, normal amount; no sugar; no acetone.

The snuffles and discharge from the nose, glandular enlargement, ulcerated scrotum, condylomatous and fissured anus, and the cracked and split nails, all pointed to syphilis. But many of these symptoms are met with in other conditions. Then there was no obtainable history of lues in the father or mother. The mother had no miscarriages but had one other boy well and hearty. The diagnosis was deferred.

A Wasserman reaction was done on the mother which was positive.

The baby was put on hydrargyrum cum creta given three times a day.

The baby improved. A diagnosis of congenital syphilis was made, which was substantiated by the sero-reaction in mother and improvement of baby under the therapeutic treatment.

#### References:

1. W. P. Lucas: Wassermann Reaction in Syphilis. April, 1912. Am. Jour. Dis. of Children.

Noguchi: Serum Diagnosis of Syphilis, 3rd e. p. 156.

2. Knopfmacher and Lehn-droffer:

Dos Colle's Sche Gesetz. Med. Klin, 1909; V. 1906.

3. Baish: Munchen Med. Wchuscher; lvii 1929.

4. Swift: Cleveland Med. Jour. May, 1910.

### A Lonely Microbe's End, a Tragedy in Germland

A lonely microbe, disheartened and ready to die because the public health service is rapidly putting all his ilk where they can do humanity no harm, peeked over the edge of Assistant Surgeon General Rucker's desk one day and heard the doctor humming a ditty that went like this:

"A fly and a flea, a mosquito and a louse, all lived together in a very dirty house. The flea spread the plague, and the skeeter spread the chills. All worked together to make undertakers bills. The fly spread typhoid and the louse spread typhus, too. Folks in that house were a mighty sickly crew. Along came a man and he cleaned up the house. He screened out the skeeter and swatted the louse. The fly and the flea he cracked on the wall. Now the people in that house are never sick at all."

"Well," piped up the microbe, "that's all very well as far as it goes, but it strikes me you've been a bit partial in this thing. How about the bedbug? Where does he get off?"

"He's going to get off pretty quick," returned the doctor. "So far the bedbug has been able to prove an alibi, but I've put the sanitary detective on his trail and I'll get him yet."

Whereupon the microbe, seeing the jig was up, committed suicide by jumping into the ink well.—From N. A. R. D. Notes.

### Bobby on Doctors

doctors is the men that maiks it cost so much to be sick or to die, when you git sick then your are in bed and then your foaks say Well i guess we will have to send for the doctor, but none of them want the doctor to come until you have to have him or die and then you die sometimes anyhow.

thare is a good many kinds of doctors, doctors that charge a good deal and also some that charge lots more. then there is horse doctors that doant charge so much but thay moast always have better luck with thare pashents.

if i get to be a man i think i will be a doctor. then folks will call me Doc and hand me thar munny & that will be better than being one of the foaks and giving some other doctor my munny.—Milwaukee Sentinel.

## TYPHOID FEVER, ITS MANAGEMENT AND TREATMENT

\*BY N. J. ATKINSON, M. D.

GREENVILLE, TEXAS

Mr. President and Members of the Association: The serum and bacterin treatment for typhoid fever, it seems, has about been put on a scientific basis, and we hail with delight the day, the dawn of which seems now bright upon us, in which we can forestall and treat with a promise of certain relief by the injection of a serum or bacterin product. We also gladly welcome the Bass-Watkins Macroscopic blood test because if it proves efficient, as we believe it will, it takes the place of the Widal Microscopic test which has always been out of reach of the rank and file of general practitioners owing to the fact that it has been hard to keep on hand fresh cultures of the bacilli.

The proper management of a case of typhoid fever is about the nicest thing that a general practitioner can do. There are so many things to arrange and control, aside from the medication in the treatment of a case of typhoid fever, that it would seem that the management is of more importance really than the medical treatment. Of course, the immediate attention and care by the physician and friends of the patient will be directed to the patient himself, but next in importance is the prevention of the spread of the disease to other parties.

For the comfort of the patient and the welfare of those around him it is first necessary to keep his body scrupulously clean; it is likewise important to all concerned to screen him away from the flies, since they are known to be the most active carriers. Many times we will find among our people a patient in a house that is not screened; this should be no excuse for allowing flies access to the patient's room because it will be found that for twenty-five cents, or a little more, ordinary mosquito bar can be fashioned into sufficient screens to keep the flies out.

It is necessary in every instance that the physician instruct the attendants in detail with reference to the administration of proper food in the care of the dishes, drinking cups and other articles used in the sick room to prevent carrying the infection to others. Food products of all kinds and drinking water should be kept out of the room and, if possible, the entire apartment of the patient.

Since it is a known fact that the infection must come from the secretion or the excretion of the patient, the care and disposition made of the excretion from the kidneys and bowels is of great importance to the surrounding population. In view

of the foregoing, the duty devolves upon the physician to see to it that such secretions are properly disinfected before being disposed of. This is best done by the use of a strong solution of bichloride of mercury, say 1 to 300, and allowing same to stand two or three hours before it is disposed of; this should be done regardless of its further disposition, whether it is thrown out on the surface or emptied into a sewer. Excessive company for these cases is bad and is therefore another care for the physician. The family should be instructed that the dishes and drinking cups must be disinfected by leaving them in a solution of bichloride of mercury, 1 to 500, or other potent germicide in the patient's room before they are returned with the general supply to the wash. If a strict measure is advocated and carried out by educating the people properly and instructing them by methods which they will understand, our cases of typhoid in the future will be isolated cases rather than the entire members or many of the members of a whole family. We should teach our people that typhoid fever is coming to be regarded as a disgrace, owing to the fact that it is a disease of filth in its origin. All water used by the family where there is a case of typhoid fever should be strained, boiled and cooled before drinking to hedge off the possibility that the case may have been infected from the family's water supply.

I do not wish to burden you with a lengthy paper and will now take

up the question of internal treatment, and in offering a radical treatment I expect same to be open to criticism and will be prepared to meet any criticism by giving my reasons for believing that such a course is rational.

In the treatment of typhoid fever, unlike many other afflictions, there is no middle ground to take, for we either have a case of typhoid or we have a case of something else; if it is typhoid we must be very careful about the treatment administered because improper treatment is quite as harmful as proper treatment is helpful. The trouble at which we aim our treatment is a lesion or lesions in the lumen of the bowel; this lesion is in the form of an ulcer which does not heal as readily as an ulcer on the surface, owing to the fact that the contents of the bowel are constantly passing over the ulcerated surfaces and the peristalsis keeps the diseased area in a condition of agitation. It therefore devolves upon us to do as little harm and as much good as possible; owing to this fact we must make our diagnosis early and get right on the proposition of treatment and keep irritating remedies out of our cases. I mean by this that calomel and quinine and kindred remedies constitute no part of a rational typhoid treatment and should not be given to any case after even a suspicion of typhoid is felt by the physician. I regard that many cases are lost by the injudicious administration of such remedies. In directing a suitable remedy to aid in the healing of a ty-

phoid ulcer, it seems to me that turpentine is king. I believe this because of the well known fact that turpentine applied to a fresh wound, or a chronic wound will prevent sloughing, or further sloughing of the same, and by its constant use in the internal treatment of typhoid fever we will have the ulcer in the best possible condition for the sloughing period, or rather shedding period of the ulcer, which occurs from the end of the second to the fourth week, ordinarily. There are many good intestinal antiseptics and the choice of the physician will best treat the case under his care. I regard iodine as an excellent remedy and we have a number of well prepared internal preparations, one of the best being iodinated emulsion. Personally, I have found thymol given as an internal antiseptic to be very satisfactory, and I can recommend it as a most excellent remedy in the treatment of typhoid fever.

The fever should always be controlled by application of ice bags or cold water in some form. I think it bad policy to control it by internal medication. If purgatives are indicated a laxative should always be selected and never a violent purgative—castor oil is probably the best and safest. I rarely ever find it necessary to administer sedatives except when a hemorrhage is manifest; then a hypodermic injection of morphine and atropia should be given and a solution of equal parts ergot and adrenalin chloride should be administered internally until all symptoms of hemorrhage have disap-

peared. The typhoid patient should have plenty of water internally and externally. The following prescription will also be found an excellent preparation to be given after a hemorrhage has occurred:

Gallic acid, gr. LX  
Alcohol, 1 oz.; solve et add.  
Aromatic sulphuric acid, 1 dr.  
Glycerine, 3 dr.  
Licoris opii sedative MXV  
Aq. Cinnamon, qs 6 oz.

Give two tablespoonsful every hour or so.

When a case is well in hand there is seldom a necessity for any change in treatment; this fact should not lessen the interest, decrease the visits or dull the observation of the physician, because his attention is required from the beginning to the end in all cases of typhoid fever. The two main complications which we dread are hemorrhage and perforation, and either of these complications is more apt to come late in the disease. The physician should make at least daily visits and observe the general condition and the temperature course, and should be able to anticipate an approaching hemorrhage, or an early perforation of the bowel; he should be advised of any deviation from the regular course of the fever and in the event there is marked deviation he should immediately visit the patient to ascertain the cause of such deviation that he may be able to meet an emergency when it appears.

When perforation occurs it is the physician's duty to diagnose promptly and the surgeon's mission

to direct the treatment; hence I must digress and have a word to say of diagnosis:

When a perforation occurs, unless the patient is apathetic, a sharp pain will be felt in the lower abdomen; this pain will be of sudden onset and may be referable to the exact location of the perforation. The extent and perseverance of this pain will depend on whether the contents of the bowels extravasated into the abdominal cavity. Unless the patient is extremely tympanitic at the time perforation occurs there will be positive evidence of tenderness and rigidity and limitation of respiratory movement and dullness on percussion owing to the air in the free abdominal cavity. These symptoms must not be overlooked because they do not occur with the hemorrhage and always occur with perforation. A radical deviation of the temperature in either direction is also indicative. With perforation we always have rapid rise in pulse rate, breathing more rapidly. The leucocyte count also increases. We should not wait for the late symptoms but should be guided by the early symptoms of perforation and call a surgeon in consultation, and in case of doubt, owing to absence of some of the more important symptoms, the abdomen should be opened to give the patient the benefit of the doubt, because these cases stand an anesthetic well as they also stand well an operation, if we have not waited until they have general peritonitis.

The feeding of a typhoid case is

really a part of the treatment, and this is why I have waited until the last to mention it. The diet should be liquid in character, well chosen and always guarded. The question of diet is quite as important the last week, if not more important, as at any other period in typhoid fever, and there is no middle ground on the diet question either. A liquid diet should be strictly adhered to, avoiding sugars and other substances which are known to create a fermentation. Milk, I believe, is the most useful and perhaps the most universal diet; these cases should never be given solid or irritating articles of diet; there is a large list of admissible liquid things to give them, among which I will mention orange albumen, which is prepared in the ordinary way from the white of an egg and the juice of an orange. I regard that the question of choosing and laying out diet list should be up to the physician, who alone can understand just what may be available owing to the circumstances of the people to provide the necessaries. I have been wholly disgusted with what I may term a mixed treatment in typhoid fever, and I write this radical paper to urge against the indiscriminate and harmful use of calomel, quinine, fever powders and other irritating substances.

You will see that my understanding of a case of typhoid fever makes the "don't" quite as important as what you do. I regard that to treat a case properly you have got to proscribe with as much firmness and tact as you prescribe, and there

is no place at any point in the duration of a case for a compromise. I would sooner abandon a case than to agree on a mixed treatment or a bad diet list.

#### DISCUSSION

The President: We have just one hour for a general discussion of the subject just read. The paper is now open for discussion and each member will be allowed three minutes.

Dr. Cabaniss, of Washington, D. C.: I will not discuss the paper very long. In the first place, as we see here, his subject is "Typhoid Fever, its Management and Treatment." I am sorry to say that the gentleman somewhat missed his subject. He spoke of almost everything else except the treatment of typhoid fever. This is too grave a subject, Mr. President and gentlemen of the Association, to pass over carelessly. He attempted in one place to diagnose a case of typhoid fever. That has nothing to do with the subject. We suppose that the typhoid already exists; we are not here to diagnose the case according to the subject. I might say that he attempted to diagnose the case, but did not do it. He made a statement that our people are largely affected by this disease. Modern investigation states that typhoid fever, as I understand it, is entirely due to a germ; it is a germ disease. Dirt and filth are not confined to our people. There are other dirty people, besides colored people, plenty

of them in this country and all over the world. Suppose we go into a clean community and find typhoid fever, how do you account for it? The gentleman did not bring it out. I will not attempt to repeat the different things that he told us to do or not to do when we had a case of typhoid fever. A great many things can be done. I do not object to what he does but I object to the manner in which he does some of them. If the gentleman will tell us just how typhoid fever comes to a nice, clean community, although it may not be a part of the discussion, I shall be pleased for just this one point of information.

Dr. Lynk, of Memphis, Tenn.: I am always glad to have an opportunity to speak on my specialty. When it comes to internal medicine, my specialty is diagnosis. We can start on the great subject of typhoid fever. I want to call your attention to the effect of the serum treatment. I want to call your attention to a case we had in Memphis to demonstrate its efficacy. During a typhoid epidemic in Memphis and the immediate vicinity, the city gave over 15,000 treatments; of these 15,000 treatments, Negro physicians, most of whom were employed by the city, gave 2,500 treatments. I was pleased to observe that that method of treatment reduced that typhoid fever epidemic, and to this serum treatment I attribute our success. It is a preventative medicine. After the disease has been discovered we must look to its pre-

vention. I urge that we administer this serum to the people who are well and tell them how the disease may be prevented. A great many of us are close to the cities where the test can be made at laboratories. The Widal test is a minute test and it will enable us to say whether the patient has had typhoid fever within the past twelve months. I want to emphasize the efficacy of that serum in the prevention of this disease and urge that we have a Widal test wherever practicable.

The President: Dr. Atkinson, at the close of the general discussion, you will be given a few minutes to devote to the closing of your paper.

Dr. Jones, of Richmond: I would like to ask him to say in his reply whether or not he has used quinine, calomel or strychnine in mild shape in a relapsing case.

Dr. Cannon, of New Jersey: I just want to make this statement. The subject of the doctor's paper makes us take it for granted that a case of typhoid fever already exists, and does not consider at all the question of prophylaxis. If he is going to give us a paper on prophylaxis and diagnosis he should rearrange his subject. Diagnosis is a detail of the subject. I want to commend him on the length of his paper. We have heretofore been burdened with papers that have run over their time. The officers have been endeavoring to have papers of reasonable length. I want to commend him for that point. Records of

typhoid fever manifest improvements in the diagnosis and treatment of typhoid cases. In this connection you must consider the importance of a nurse. You should not leave it to the members of the family to look after typhoid patients, because there is that sentimental tie that prevents the proper performance of the duty. You can get a domestic nurse if not a trained nurse. If you want to get the best results, have a nurse in charge to carry out your instructions, also to inform you of the various changes in the condition of the patient during your absence. This is the cause of the great success in cases that have been referred to the hospital,—the trained nurse. The nurse can give you full information and you will know then just how to proceed further. I want to emphasize the importance of getting a nurse of some kind—the better trained, the better, but an untrained nurse is better than no nurse at all.

Dr. Curtis, of Washington: It may seem out of place for a surgeon to discuss medical papers, and in doing it a surgeon usually gets into trouble. I want to congratulate Dr. Atkinson on his paper. I think that the men of the program committee should be congratulated that they have been able to bring before this mixed audience such an important subject. Really, when the subject was announced, I was sitting here thinking and wondering how many people thought of the vast importance of the subject, typhoid fever, not only in this country but in the world.

The average person gets very panicky at the mention of yellow fever or small-pox and other fevers that only touch the border line; they are easily exterminated. How many of you know that in the registration area alone, nearly 30,000 people are suffering with typhoid fever. And practically nothing is being done. People have it just as though they should have it as a matter of course, occurring at certain periods of the year. I was going to touch upon the prevention of a preventable disease, but it is being looked upon simply as a visitation, something we must expect. The doctor mentioned the house fly, some call it the typhoid fever fly, but that busy insect does not do as much as the typhoid fever man. We speak of swatting the fly. We had better swat the typhoid fever man with an educational club. What is a typhoid fever man? A man unclean, void of all decency, surrounding himself with his own filth, not only surrounding himself but the community and his family. Yet he escapes. You can do nothing with typhoid fever unless you get rid of filth. We get typhoid from the excrement and secretions of the human body. I am glad we can start here and do something about it at this Institute. Start a campaign of education and tell those who have given it no thought that we can prevent typhoid fever. A few months ago the country was interested and indignant and papers were making a great scathing argument against some man who sent through the mails cyanide of potassium and

killed someone. Since that time some milk man in Boston, a typhoid fever carrier—(Interrupted by the president, but allowed to finish his sentence). Many of them are typhoid fever carriers, distributing typhoid fever to numbers of people, and yet being, themselves, immune to the disease, having either recovered from it, or carrying the germs and not becoming themselves infected with the bacillus or bacilli.

Dr. Jones, of Kentucky: I was very much pleased with the paper of Dr. Atkinson, and I had an idea that he took up his subject and stuck to it quite well. I have thought, also, as others have said, concerning the prevention of typhoid and the service that may be obtained from the bacteriologists. Some of us are not so conveniently situated that we can have the benefit of the bacteriologist and the hospitals, and we are not in a position to make these tests, yet we have typhoid fever, and must face the issue whether in a large city or in a small one or out in the country district. We are presuming that the patient has typhoid fever, and if he has it, we must face that issue. We must presume from the subject of the paper that the patient has it. Dr. Atkinson, in speaking of his treatment, extolled the liquid diet, and I believe that great benefit is derived from the liquid diet. In my practice in typhoid fever I have used milk diet, but I have gotten good benefits from a buttermilk diet. I have used it more than I have the ordinary fresh milk, as they

call it. He spoke of not using certain things in the treatment, certain drugs. I approve his idea on quinine and other different fever remedies he mentioned. I have, however, used calomel and have gotten good results from it, too. I agree with him in the use of turpentine, as I have found it very helpful. In considering the treatment of the patient by using an abundance of water, internally and externally, I agree with him. I have never used his duodenal treatment, but I believe there is much to be gained by trying it. We must use these improvements with relation to typhoid diseases everywhere, in the little places as well as in the large places, whether we have these preventatives or not.

Dr. Wyche, Charlotte, North Carolina: The paper, I am glad to say, was very good, so far as it went. He could hardly be expected to cover everything with so short a paper, but he missed, I think, one part and that one particular part was the convalescent stage of the patient. I have lost more typhoid fever patients after I had regarded them as almost safe than any other period. It is very important then that you have a nurse for the patient, for at that time you think the patient is going to get well and you modify your visits from every day to every other day and your patient begins to beg for something to eat, then unless you are very careful you are going to lose your patient. The critical point is when the patient begins

to beg for something to eat. Right here I want to lay stress on the condition of the patient during the convalescence. Let them complain, then, if you want to save the patient. When they begin to beg for food you may know that they are almost well of typhoid fever.

Dr. Webb Curtis, Hot Springs, Arkansas: The doctor who just preceeded me has about taken my thunder. That is, I agree with his views on the subject of the proper analysis, treatment and management of a case of typhoid fever during the period of convalescence. I want to congratulate Dr. Atkinson on the excellence of his paper. I want to differ from Dr. Cabaniss in his criticism of the paper, because in the subject, we do not have to go into the diagnosis, etc., but into the treatment and management of the case. I regard typhoid fever as one of the most destructive diseases we have, but intelligent and consistent fighting of this great scourge and the employment of every improvement which science can suggest for its reduction should be considered in a body like this. Popular discussion should be held at different times for the prevention of this disease. I do not care to say much more because I believe you will have an intelligent physician to treat the case of typhoid and you will have employed a competent trained nurse. In speaking of the suggestion made by the doctor who preceeded me, which seems to have been left out, that is, the management of the case in the con-

valescent period. All of us know of the voracious appetites of the patients in the period of convalescence. I have lost more patients during this period than any other. What are you going to do when the patient is begging for something to eat? You have to have a nurse who is strong enough to put her foot down and say, "this patient shall not be given anything to eat, except as directed by the doctor, during this period of convalescence." When the doctor has done his duty, as far as science has suggested, the result, as the old preacher says, "will be with the Lord." If you have done all these things then, I think all will have been done that science suggests, and we will have done our duty.

Dr. Burwell, Selma, Alabama: I am very much interested in typhoid fever, from the fact that we live in a typhoid district. No longer than a few months ago the United States Government sent a man to investigate conditions in my district. It has been well said by Dr. Curtis that typhoid is a preventable disease. But I do think that it is very necessary for us physicians who are not where we can take advantage of the laboratories, to prepare ourselves to manage the disease from one stage to the other. I have seen doctors try to break typhoid fever. When you attempt that you are more or less going to break that patient. It is a limited disease and should be treated accordingly. Relative to the water treatment, I use it to good advantage,

but I would not make that statement so sweeping as to say, "Plenty of water, externally and internally." Suppose the physician is very late being called in, as is very often the case, you may be called in when the patient is in the second stage of the fever. I was called in on a case after another physician and the patient was having 125 stools per day. In this case if I had used too much water internally, it would have been almost impossible to have checked the disease. We all know, as physicians, that you have got to use a great deal of common sense in treating any disease, and you have got to use it at the bedside and not listen too much to what any one man says.

Dr. Curtis: May I ask one question. I would like to ask Dr. Atkinson how he uses thymol?

Dr. Johnson, New York: I was going to say that I disagree, somewhat, with the dietary treatment. According to the various discussions here I see that it is imperative to limit your dietary treatment to liquid. It has become the rule in New York City not to confine your patient to liquid diet. I believe in giving your patient sustaining food, and not to be frightened with solid matter. Another thing I think necessary: give them the right kind of a cold bath.

Dr. Atkinson, author of the paper: In the heading of my paper I did not have anything to say about diagnosis of typhoid fever, so I deny

the accusation. I only mentioned a word or so about diagnosis when I spoke of hemorrhage and perforation. I had nothing more to say about diagnosis. Someone spoke of the convalescent period. The question of diet is quite as important the last week, if not more important, than at any other time or period of the fever. I think this covers the period of convalescence. Now as to

liquid diet, I would like to say in this connection that there is as much substance in a quart of buttermilk as there is in a pork-chop. But I am opposed to these other vegetables mentioned. When I left home I knew that I was going to be jumped on, so I made a study of this disease. I did not propose to diagnose a case of typhoid; I took it for granted you knew all about that.

### Bug Population Is Increased

Millions and millions of little green bugs swarmed over Dallas last night. One News reporter counted a million by himself. But the little green pests were not respecters of persons. The managing editor had as many as anybody else and couldn't shut them out of his sanctum. The bugs were so persistent in their attentions, so ubiquitous, so profuse in their assemblages at each arc and incandescent and glow of light of any kind that automobiling and street car riding or any other old kind of locomotion up and down the streets was done under most discouraging conditions—unless one found dark streets and sedulously avoided lights. Last night was an ideal one for spooney couples. It offered the finest kind of an excuse for avoiding luminosity.

The bugs swarmed in dense whirling masses around all the street lamps and hovered in myriad mobs around lights in office and residence. They found their way in people's eyes and ears and nose and mouth. They got into the hair. They crawled down people's backs—and here again they were not respecters of persons. All backs, or fronts, straight or otherwise, looked alike to the little green bugs. And the bugs felt alike to all backs and fronts.

It's an awful thing to try to write a buggy story in the dark; sometimes it's awful anyhow. But not being an expert at the touch system, and the city editor having cut out all the lights in his effort to be rid of the bugs, it would be useless to attempt to say any more. —Exchange.

### Good Police Yarn

The following is the story Representative Eugene Kinkead of New Jersey tells:

"A young Irishman, a one-time constituent of mine, moved over from Jersey City to Brooklyn, and shortly thereafter was appointed to the police force. He had held his job about a week when one night, at turning-in time, he walked up to the desk and, saluting the desk sergeant, said: 'Sarg, there's a dead horse lying in Kosciusko street.'

" 'Write your report,' ordered the sergeant.

" 'How do you spell Kosciusko?' inquired the patrolman.

" 'Write your report and don't ask questions,' commanded the official.

"The young policeman stood first on one leg and then on the other, biting his pencil and swearing softly to himself. Meanwhile the sergeant eyed him from beneath his cap brim. All at once the patrolman turned on his heel and left the station house hurriedly. The sergeant looked on the blotter, but no report appeared. A few minutes later the patrolman returned and promptly stepped up to the blotter. He wrote his reply in a jiffy that time.

" 'Where did you go?' asked the sergeant.

" 'I wint out and dhragged the blame hors-s around the corner into Myrthle avenue; I can spell-l that.' "—N. A. R. D. Notes.

## PREVENTIVE DENTISTRY

\*By E. W. SMITH, D. D. S.

WINSTON-SALEM, N. C.

Mr. President, Members of the National Medical Association, Ladies and Gentlemen:

You will kindly give me your attention for a few moments whilst I try and discuss the now most important subject, "Preventive Dentistry."

My practice being wholly among my people, you will, I hope, be careful in taking issue with me—if your only reasons are based upon your readings of dental journals, which deal almost exclusively with the white race.

A good many years ago the profession of dentistry was considered by some a rather "comic supplement," a "funny sheet" to the medical profession. I refer now to the days when the physician carried his "pullers" around with him and yanked out, without discrimination, eye tooth, dog tooth and jaw tooth. Such cases, from a charitable point of view, could be excused then—as we now see it, being aware of the fact that the wonderful discoveries pertaining to the etiology of diseases were in their experimental stages, and the main reasons for treatments were to relieve pain and, if possible, prevent death, but at this age I wish to go on record as condemning such most severely.

There are some who will say, "There is no dentist in our town or

that the white dentists will not treat Negro patients." To them I reply that if such is the case, it is a condition which, though deplorable, is a stepping stone for self-advancement—if they will only take unto themselves the privilege and learn carefully the anatomy of the mouth and head, the kinds and time of eruption of teeth, the histology and pathology of the disease common to the part. Thus could he most easily help himself in general diagnosis and be better fitted to do humanity a needed and efficient service.

The wonderful success of the bacteriologists has made it most plainly evident that dentistry is a distinct field, and a remunerative field that has long since needed working—scientific working. The scope was made larger and the responsibilities were likewise increased.

Notwithstanding the fact that my subject is one for humanity in general, I am going to narrow somewhat to Preventive Dentistry among the Negroes.

When a boy, I had numerous occasions to go to the dentist and I am truly thankful that though the range of learning was rather restricted, my father took me to the dentist rather than to the physician or blacksmith to have the job done. Like many others, I was timid, and

\*Read before Dental Section, N. M. A., August 28, 1912, Tuskegee Institute, Alabama

the chair made me think of all things dreadful that my imagination could muster, and the dentist made me delirious on sight. Poor man! I considered him the incarnation of the devil. Years passed and I had other occasions, with possibly no less awe, to go to the dentist, but with more charity, and I decided then that he was doing a great service, that the things he was forced to bear were unmerited; hence, my Cyrenean act. And though I find the masses to a great extent just as skeptical, I feel fully repaid when a patient says to me, "Doctor, it didn't" or "doesn't hurt" during the course of an operation or after one.

According to some authorities, we are blessed as a race by Nature with strong, healthy teeth as compared with some other races. God seems to have prepared us better for the inevitable or eliminated us, as the case may be, from the same degree of predisposition. And the most cardinal point,—the most essential thing that confronts us now is this: that, in this process of evolution, we are becoming more susceptible and, as sensible beings, we might as well accept the established fact and act accordingly. If the mouth is the breeding place of many kinds of bacteria, some most deadly, then why not keep the mouth in a clean condition?

We will consider briefly children's teeth, and note results of examinations. The Board of Education of my town, acting in the now national strain of public benefaction, requested that the colored dentists

make examination of the school children's teeth. Dr. Lee and I did so, examining carefully the mouths of about eight hundred children last year, whose ages ranged from 6 to 16 years. We found that only one out of every 25 had sound teeth, that the six year molar in most cases was the first to decay; that one out of every 12 had suffered extractions; that in 10 out of this 12 the tooth extracted was the six year molar; that between the ages of 6 and 10, only 1 out of 10 used the toothbrush, the others claimed to use cloths and different things for cleaning; that from the ages of 10 to 16 there was no perceptible increase only in the girls, whilst in the boys there was a decrease; that only 1 in 15 had perfect occlusion.

There were many peculiar cases of bites and the like, but we were able to strike an average by including all. Strange as this may seem, the children of the most intelligent parentage did not increase the total for good more than did those of the most illiterate. On a whole, the boys had the best teeth, though there was a slight advantage of idea among the girls. There can be no doubt that such conditions work harm, and until we can have clean, healthy bodies, we cannot hope to have clean and healthy minds. There have been many instances of crime, most heinous which, according to the authorities, can be traced to unhealthy bodies brought on by bad teeth.

In the natural course of things, in the real test of physical development,

man will so learn that perfection is not without all things perfected pertaining to the man. Oral hygiene, oral prophylaxis is the main point, the one great issue to be advocated in order that we can become real good, clean citizens in body and mind. Nine times out of ten, a patient will admit of bad teeth, sensitive or decayed, in neuralgia, constipation, indigestion, stomatitis and other complaints, according to some authorities.

A man in company with a friend will go a block out of his way to avoid passing a house with a poster or sign indicating the presence of small pox, scarlet fever or diphtheria, though this companion may have a more natural sign on display, that of an unhealthy mouth, and, if the companion is a woman, may stray even nearer to the zone of infection, ignoring completely the danger signal. Just a bit of common sense added to your higher knowledge (if there is indeed a higher knowledge than common sense) will prove conclusively this fact and the pressing need of a race-wide move for Preventive Dentistry. Say, for instance, that the ear, eye and nose are appendages of the mouth on account of their close proximity one to the other, and some of the delicate histological relationship of some of their tissues, render, by carelessness, the mouth unhealthful, you immediately endanger the sense of sight, the sense of hearing and the sense of smell together with that of taste—the four most important of the five special senses, I think, because they each

embrace the sense of feeling. The mouth, according to someone, has been described as the vestibule of the body and I heartily agree with him in the name, because through it all of the products for the sustenance of the body pass, and a good deal of the breathing.

1. Dr. Wadsworth, of the Medical Commission of the New York Health Department for the investigation of acute respiratory diseases, says that the secretions of the mouth constitute the chief, if not the only, sources of respiratory infection.

2. Each patient should be furnished with a new toothbrush and a bottle of antiseptic solution and the nurse instructed to cleanse the teeth every two or three hours, according to Maynahan, before the operation.

3. In the leading hospital in Paris three patients died of tuberculosis and in each case according to the surgeon in charge, the contributing cause was a decayed or impacted third molar.

4. Measles, whooping cough, chicken-pox, scarlet fever, influenza, diphtheria, mumps, small pox and scarlatina, all have for their method of infection the discharges of the mouth, nose or particles of the skin, and the most fertile soil, the most prolific breeding place, and the best harbor and never failing spring for all these diseases are filthy and decayed teeth, according to A. Brown Richie, Medical Officer of the Edinburgh Commission of the City of Manchester, England. I am merely quoting authorities whose work covers a diversified range or field

and I hope no one will get the idea of the man who, after consulting his lawyer, physician, dentist and preacher, in a fit of delirium, exclaimed: "So there is another, omnibus, omnipotent, and omnipresent being, the bacteria, and this one is in a hundred fold rather than three." Hence, he failed to properly clad himself in winter for fear of the anthrax in wool; failed to eat sufficiently because of the lactic acid forming bacteria in starches and sugars; failed to pay his taxes because the assessor had been a victim of small pox and his assistant, scarlet fever; failed to go to church for fear of breathing air laden with tubercular bacteria, and likewise, one winter's day, froze and starved to death. His widow lost her home on account of back taxes and his poor soul went to judgment unsaved because bacteria had driven him from his Maker. But instead, take a more rational view and the body, with Nature's aid, will help to combat this hundred fold being.

Again, one of the worst crimes against this movement is the most foolishly careless way that parents consider their children's teeth, and how they turn a deaf ear to the plea of saving them because, as they claim, it will soon be lost. The first of the permanent teeth, the six year molar, comes just about the time when a child begins to suffer from his teeth and the extraction of the same causes a defect in the arch that is irreparable. Nature put the teeth there for a purpose and I do not feel that Nature does anything with-

out a purpose—unless I except the third molar for the dentist and the appendix for the benefit of the surgeons in the house, Drs. Shepard, Curtis, Williams and others, to prove the rule. Then how wrong it is to listen to nothing but extraction when the tooth is aching, or console yourself with the foolish thought above mentioned. One-half of the professional men, it is said, are guilty of this and fully nine-tenths of the laity. They do not know or do not regard the eruption of the permanent six year molar. I use the word permanent here to emphasize, because so often it is not treated as such. No one doubts that you love the child—no, not even the child, if it has before been to a physician to have a tooth extracted.

All of these conditions led to the great move of Preventive Dentistry and we are still giving impetus to it. Prevention in everything is the watchword now and cure, only when it has been overlooked. In this day of preventive medicine, the physician admits that facial neuralgia comes ninety-nine times out of a hundred from some defect in the oral cavity and the dentist knows that ninety-eight out of the ninety-nine cases come from a defective tooth. Such being the case, I am glad that the progressive physician no longer treats neuralgia with liniment and poultices as an effective cure. He does not diagnose an ordinary earache without looking into the mouth of the patient. He no longer gives an eye wash and considers his work done when he fails

to reach a conclusive diagnosis of the ailment being local. And he never lances an abscess of the oral cavity as a means of destroying the cause effectively.

I am thankful to say that in my town in all such cases the dentist is called by the physician. Fractures and broken bones of the oral cavity are left entirely to the dentist because he is better prepared to so treat the case in a preventive manner. The three professions proper are so allied that one is really useless without the other; hence I feel that a druggist, to serve himself best, thereby serving humanity, is to advise a customer who comes into his store for toothache drops and gives him to understand that the cure is only temporary; that the medicine will only kill the nerve in the tooth after so long a time, causing abscesses and other painful and harmful conditions, and advise him to have it treated by a dentist. We all owe to others our knowledge or the benefits of it. It is a Christian duty that should be fulfilled.

Now, to the laity in general, we do not claim perfection in dentistry, we cannot—there would be no need of this movement if there were. You have the power to make or retard the progress of the work. But we do claim that the fear you have, the horror and aversion are mostly imaginary, or that you allow the defected tooth to go untreated so long that the tissues surrounding are inflamed, making the operation the more painful. Again, do not have your teeth extracted because of a

little pain; teeth were not put into the mouth to be taken out, but instead have them examined and filled before the pain comes. Pay more attention to your mouth; use the brush at least twice a day. I advise after meals and before retiring and upon rising, but as some cannot find it convenient, to them I say before retiring and upon rising. Others will tell other modes and preparations. I cannot see to save my life how any man can go from day to day with a dirty mouth.

Some few days ago I had an illustration. I made a plate for a man and it was to my delight a good fit. I had had a bit of trouble with it. About ten days later he came to the office saying that one of the teeth was loose and, of course, wanted it repaired. He denied having dropped it or having placed any heavy article upon it. The plate was really filthy having a film or coating of waste matter over it. I was almost persuaded to believe that bacteria had eaten it away but, nevertheless, I tightened the loosened tooth.

Everything seemed all right and I had really forgotten about it when the same gentleman came to the office about four months later saying he wanted another plate made. But, as he seemed in such good humor, I imagined I was not in fault for his wants. I was about to ask him to take out his plate and saw it was out, so took the impression, still in wonderment. I was determined not to lead to conversation nor to ask any questions about plate number 1. Finally he said,

"Doctor, since you won't ask me, I guess I'll tell you, though I am almost ashamed to do it. I always put my plate on the table at night before going to bed and two or three mornings I would find it on the floor or behind the trunk. So at last one morning I didn't find them at all and as I was always curious about false teeth I decided I would do without them, and did until this morning when my wife found them in the cellar; all of the teeth had been cut off." (He then showed the plate). "I am sure the rats did it, and my wife and I decided 'twas because it was so dirty." And so it was. He had the plate made, uses the brush regularly. I ordered two small brushes for his children and am now doing some work for his wife. Thus, the rats were able to do a thing that I could not do—impress the need of dental prophylaxis.

My argument is that in so far as Nature has seemingly shielded us to this point, and further that there are numbers of us who can see the good and very essential advantage by virtue of contact and advances in this field, we can best help ourselves and cheat the customer of slow progress of its many victims by beginning now to take advantage of the openings now at hand and accomplish results. The progress of putrefaction, like the <sup>mill</sup> mills of the gods, grinds slowly, and in its wake, many are its ravages; yet a knowledge of this condition—a knowledge of the process of evolution—should force us to meet it more prepared.

No chain is stronger than its links; no wheel does effectual routine with a defective cog. So it is, no man can serve well himself or his fellowman with a decaying tooth. A friend of mine asked me once, "How do you find extractions?" "About the same as every one else," I said. "I occasionally find a master among them." "Well," said he, "I never cared for extracting for many reasons, and I decided that if a patient came into my office with a tooth that should be filled and no amount of persuasion or dissuasion can change him, I proceed to be as merciless as possible. I make the operation slowly painful. That seems brutal, but note the result: The first year my increase in filling was 10 per cent over the previous year; the second year about 18 per cent, and now it's my third year and though the year is only half gone, it is 12 per cent over the best months of the previous year. All of which goes to show that we sometimes have to open a man's eye by bumping his head."

If I were a man with a family of daughters and a young man came to call on one of them, I would add to the usual questions, "What has he?" "Who is he?" "Who are his people?"—"Does he keep his teeth clean?" as the most important, and the one to get the highest mark. There are lines clearly defining the difference between duty and love for work. I cannot conceive of a man being so engrossed with self, so swallowed in the glory of his own conceit that he refuses to aid an

unfortunate because of the unsanitary surroundings of the patient. Clearly is it shown that a man who goes into a chosen profession with the lure of gold his real motive is a failure. No man is bigger, few as big as their ideas; hence, it behooves us all to place first the idea of self-denial with that of love of our duty to others, which is the real big idea. Many are the defects that we must set aright before we can truthfully say, "We have arrived." These defects are so divided that every individual has a part to play. In the profession of dentistry, we have warriors, have had martyrs. All dentists point with pride to the works of the pioneer, Andy Freeman, whose memory is hallowed and honored by a society bearing his name in the District of

Columbia and adjoining territory. I remember with pride and deep emotions the lamented McBeth and his discussion before the Dental Department at Hampton last year. The work of Holsey, Ramsey, Braswell, Cox, Wormley, Ferguson, Jefferson and Anderson must always live, for truly they are men fighting for a common cause which is uplifting.

Not since the days of '65 has a question of such import to us been agitated, and truly when the curtain goes down, when the stage is being emptied and the performers in this great drama for the saving of mankind are being lauded, no one, no set, will be more praised than those who played so well the tragedy of Preventive Dentistry.

### Progress in Negro Education

The aroused attitude of the Southern Church to its duties and possibilities in the training of the colored people is a hopeful sign. Some of the most significant work in relation to the Negro question to-day is being done in the Young Men's Christian Associations and other organizations in white Southern colleges by well-trained, broad-minded, Christian young men. And the following from the Louisville Courier-Journal is suggestive of the attitude of the best Southern press: "The whites cannot prosper if the blacks languish. We are, whites and blacks, in the same boat, and we must sit fair and row steady if we expect to be happy and to make progress."

Concrete examples of progress are not wanting. Better supervision for all the schools is rapidly coming to the South. In Virginia a special state supervisor of

colored schools as an assistant to the Superintendent of Public Instruction has been appointed. And already the helpful influence of his work is being felt in colored schools all over the state. In many sections, school authorities are seeking how to increase the interest of both the white and colored people in the Negro schools. And almost invariably, wherever the colored people come with substantial contributions towards the betterment of their schools, the school officials and private white citizens have met them with extra appropriations and helpful contributions. At Harrisonburg in Virginia, for example, the colored people have raised some \$400 for their school during the last two years. The city has increased the number of teachers from three to five, and is now erecting a \$10,000 schoolhouse for the colored people.—W. T. B. Williams, in the Southern Workman.

## THE NEGRO AND TUBERCULOSIS

E. MAYFIELD BOYLE, M. D.

WASHINGTON, D. C.

July 22, 1912.

Dr. H. J. Achard,  
Chicago, Illinois.

Dear Sir: Your letter to Dr. Roman, dated May 28, 1912, was sent to me several weeks ago in compliance with your request.

I read with much eagerness your comment, or "criticism," as you preferred to put it, which, to my mind, is mainly an amplification of the underlying causes I gave of the spread and mortality of tuberculosis in the "American" Negro. But, curious enough, after unavoidably quoting and accepting the premises of my views in the matter, and even contrasting the circumstances of slavery and of freedom in their relation to the Negro's physical well-being, and admitting that many customs and usages following emancipation have increased the vulnerability of the Negro to tuberculosis, you wound up by saying, "therefore he is more susceptible to (the) ravages" of tuberculosis "and it will take him generations before he will be able to resist even as well as his white brother."

The death rate of American Negroes from tuberculosis is undoubtedly large, and larger than that of American whites; but this is of itself no proof conclusive that the former is more susceptible than the latter. Every effect has its underlying cause or causes; and the sway of

tuberculosis among Negroes of this country is by no means an exception to the rule.

The statistics from official sources, confirming the prevalence of tuberculosis among American Negroes, present figures and array of figures which have served their supreme ends, in myriads of instances, to bedeck the writing of many superficial and perfunctory investigators in pathology, with whom this country is infested, as well as increased the spectacularity which often accompanies agreement with every view or preachment purported to silhouette the Negro as the handiwork of an "apprentice creator." But these writers have proved nothing. They have simply observed that certain races behave variously in their contact with certain diseases; but they do not know, and have not looked well enough for, the whys and wherefores.

One does not resent the idea of being susceptible to any disease any more than one deplors the fact that all mankind must die. But the erroneous inference indulged in by men who are supposed to know better and the peculiar contagiousness and dissemination involved are, to say the least, revolting. . . One is forced in this connection to record the familiar words of Virgil with reference to "fama:" "*mobilitate viget viresque acquirit eundo.*"

If the mere prevalence of tuberculosis among American Negroes and its less prevalence among American whites need no further explanation than that the Negro's body is inferior to that of the white man and can only come to par with the latter through centuries of tuberculization, then one may also infer that the prevalence of, and almost exclusive tendency toward, suicidal tendency in the white race and its scarcity among American Negroes is indicative of inferior brain structure or mental endurance in the whites and the reverse in Negroes; that the Negro has emerged from centuries of suicidal mania through which your race is now wending its weary way. What an open sesame wouldn't this be if it were workable.

The death rate of the Irish in Ireland, as compared with that of the Britons, exceeds the ratio of the blacks and whites in the United States. And yet this people, like the Britons, have been white throughout their generations and, therefore, in your language, have acquired the immunity possible from centuries of tuberculization. But, on the contrary, we find that away from the squalor and hardships and privation and dejection and starvation of their native heath and on the Western Hemisphere with better housing conditions, larger wages and sufficient supply of wholesome food, first-class sanitary surroundings, this same people soon lose their physical weakness, become robust, hardy and fat, so much so that one often

hears the by-word, "as big and fat as an Irish woman." What then is the matter with the acquired immunity of the Irish obtained through centuries of tuberculization? Is it possible that living in such close proximity of the Britons, the Irish could, like the Negro in Africa, have steered clear of the pathway of infectious diseases, particularly tuberculosis? Granting that the Irish possesses this immunity because of his identification with the white race and also because of his better health in the United States, why does it (this immunity) so persistently show such terrible differences of potency on the other side of the Atlantic?

That the manifest physical resistance of the white race to infectious diseases, particularly tuberculosis, is a legacy from generations dated centuries back, wakens the thought of a perpetually accelerating potency, rather than its reverse, of this immunizing agency in the white race. But ostensibly there is much contradiction here from what we know of the behavior of the white race with respect to infectious diseases. Perhaps your meaning is that the varied acquaintance of your race with infectious diseases has led to its immunity for tuberculosis. But if I am not mistaken, it seems to me that the necessity for vaccination once every seven years has not been urged from courtesy to the Negro, nor yet the various precautions in vogue to limit possible re-infection and re-reinfection, and so on *ad infinitum*, by the many infectious and contagious diseases of your

acquaintance. If there were such a thing as a congenital immunity in the white race why isn't it demonstrable in mulattoes, quadroons, octoroons and the like who are practically white and yet perishing annually by thousands from tuberculosis and other infectious diseases? The answer may be that the victims do not live long enough—certainly hybridity can not materially affect it in view of the omnipresence of race admixture all over Europe, for example, long before the dawn of remote history.

Whatever may be contained in history relative to the physical white man does not necessarily eclipse corresponding facts about the Negro, because history is silent on him. History, secular and sacred, at best is imperfect. It is in reality an epitomized record of a small portion of the white race; and mention of the Negro is made only when it is unavoidable at certain junctures of a narrative. The white man wrote history of his ancestors and showed pretty good sense in doing so. At best, he could not say all he might and he had neither space nor time, not even the tolerance, to record the doing of other peoples, except as I have indicated. Jewish historians, for instance, wrote particularly about the Jews, and incidentally mentioned the Samaritans, Simon the Cyrenian, the Queen of Sheba, etc. The circumstances which have always inevitably brought races together are legion; and the most rabid display of race caste has always afforded loopholes for clandestine

and other intercourses in the ages past and will continue so to do in the future. All along the way of the dead and forgotten past the white and black races have mingled and intermingled; and the opportunity for the transmission of infectious diseases by all races has always been ample. The white race has never had a monopoly of infectious diseases—certainly not of tuberculosis which has always claimed, and still claims, its booty indiscriminately whither the chances of sway are facilitated by factors whose principal object is to lower vital resistance and prepare the pabulum for the militant bacillus tuberculosis.

From bacteriological and other data gotten from the examination of Egyptian mummies and from the fact that most Egyptologists have died from tuberculosis, it has been inferred, and justly too, that many, perhaps most, ancient Egyptians died of tuberculosis. The primitive mode of living, the religion and custom of the people, and the unhealthy sanitary conditions ushered by the inundation of the Nile, tended to lessen the physical resistance of the people and render them easy of destruction by tuberculosis. In other parts of Africa you will see that natives contract tuberculosis either less rapidly than the American Negro or almost never at all. In South Africa where certain hardships are being forced upon the natives by unscrupulous and Negrophobic Englishmen, we notice tuberculosis as a disease to be reckoned with; but elsewhere, particularly on the West Coast,

where, with more outdoor life, plenty of wholesome food and less oppression, tuberculosis is so rare that its detection is often construed by natives as a "hoodoo spell" put on by some secret enemy. In a period of ten years I know of less than half a dozen fatal cases of tuberculosis to develop in Freetown, Sierra Leone, West Africa. As a native of West Africa I can speak with authority in this connection.

On the other hand, the death rate of civilized Africans, from other causes than tuberculosis, is higher than that of the uncivilized, owing largely to the modernized mode of living and other civilized indulgences. The thatched houses, the characteristic native costumes, the native food-stuffs, etc., are variously substituted by corresponding devices of civilization.

That the health of the American Negro during slavery, as you have pointed out, was better than it is today leads to the same observation I have made between the civilized and uncivilized Africans and more too, perhaps. Those who once exercised the right of tutelage over "body and soul" have, with a younger generation, become, in a large measure, the freedmen's oppressors. Whereas during slavery Negroes were engaged in all manner of physical endeavors and counted efficient as workmen, as freedmen they are vigorously opposed in many a line of industry and labor wherein their employment was once indispensable. When employed their wages are so small that, to many of

us, it is no wonder that many so often fail to "keep soul and body together," seeing that they have to pay the same prices for food and higher rents than the whites who are paid higher wages for the same work. The necessity of corresponding with modern mode of dress, either for beauty's sake or for the sake of being in style, has also forced upon colored Americans such death traps as "ventilating" shirt waists, thin shoes, gauze and linen underwear in winter and summer, light hose, overcoats made only for their appearances instead of for comfort. Think of these transgressors! Think how imperfectly heated the dwelling of the average colored family is in winter—how it may be about blood heat in one room and at freezing point in another; how these persons are thus forced to dress and undress in cold rooms, walk about or ride in unheated cars. Is it not a wonder to you that the census still shows an increase of Negro population in the United States?

Among the numerous other causes of tuberculosis in the American Negro may be mentioned the following: Ignorance of personal hygiene, particularly in the winter; superstitious ideas and the dissemination of erroneous views on health and disease; unwholesome and improperly prepared food; unsanitary and unmodern houses; too much indulgence in spirituous liquors; poverty and its allied disadvantages; promiscuous kissing; crowded apartments; sleeping with consumptives and in unfumigated apartments of consump-

tives; moving from house to house, not knowing and not even caring to find out the health conditions of the previous occupants. I have further noticed that the death rate of (colored) Baptists, especially among the ignorant and fanatical worshippers, is comparatively greater than that of nearly all other Christian denominations (of colored) put together. As revival services are held chiefly in the winter, new converts who wish to become members of the Baptist church believe (as they have been taught by the "older heads") that cold immersion is just the thing for the "new birth," and that once truly born of the Spirit one cannot be affected by the coldness of the water. There are people who, I am told, would even break ice in the water before baptism. But this is not all. Undressing and redressing take place in apartments which, like the auditorium itself, may be very imperfectly heated. Then comes going home through the cold streets with dampened bodies and half wet hair, especially in the case of women. People who do these things, whether they be white, black brown or yellow or what not, will

surely pay the debt either with their health or their lives.

In view of all that I have said I cannot but conclude that the record of the American Negro with reference to infectious diseases, tuberculosis in particular, as in the case of the Irish in Ireland, is due to other than the existence within the host of an inherent susceptibility; and the supposed immunity of the white race handed down through centuries by preinfected ancestors has no foundation in fact. On the contrary, the greater stability of health in your race in this country is the result of superior intelligence, better circumstances, and more wholesome environments. When the American Negro has attained these excellencies of living he will be just as healthy as the white man.

I have, however, said more in this letter than I intended to say at the outset. If I have expressed myself very frankly it is because the nature of the subject before us demands it. If I have enabled you to understand a bit more of the subject which you are giving much attention to I shall feel doubly rewarded.

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### True Art

"Critics had praised me, academies had granted me exhibition space," said the artist, "still I was modest enough to think I wasn't any great shakes as a painter. The thing that finally convinced me that maybe I was no dub after all, was the remark of a woman who knew a great deal more about bargain counters than she knew about art. She studied a picture that had made critics overwork their vocabulary in praising it and her only comment was:

'My, I'll bet the Henrietta cloth in that woman's tea gown cost every cent of \$2.50 a yard.'

"Just as a matter of curiosity I looked up my model and found that the dress she wore had cost just that a yard. Then I knew that I had been gifted with the divine fire. To depict values so faithfully that experienced shoppers can tell the cost of the cloth you paint seems to be hitting old art up at a pretty lively gait."—New York Press.

# SYPHILITIC PERITONITIS

By G. T. COLEMAN, M. D.

MARSHALL, TEXAS

A young man, nineteen years of age, was, on August 18, at 10 p. m., suddenly seized with abdominal pain, general abd. rigidity, vomiting, severe headache and pains in back, the pulse at 30, temperature 103, and shallow rapid resp. Extreme tenderness was everywhere over the abd, the tongue was heavily coated and biliousness was very pronounced.

As the tenderness over the appendix was so very acute, I made a provisional diagnosis of appendicitis, but the equal degree of rigidity, pain on urinating and defecation pointed more to a general peritonitis. Anodyne treatment was given after a thorough calomel and Podophyllin purge, followed by salines, with no abatement of symptoms for three days. It was necessary to give  $\frac{1}{120}$ th grain M and A Hypo twice a day to relieve the pain with applications to abd. Operation was refused from beginning. On the 21st, the fourth day of the illness, the temperature dropped to 96 degrees F, and the pulse went to 135 with extreme abd, pain and restlessness. Na Cl Sol. given by rectum,

stimulants and anodynes. Patient was unconscious, but by night was easy and slept for the balance of the night. The next day the same condition prevailed, except the temperature rose to 103 F on the fifth day of the illness. Noticing the continual increase of symptoms—their aggravation towards night and the apparent dying condition of the patient—I gave him 1-8 grain bichloride of mercury and 2 grains of potassium iodide every three hours for three days with constant stimulation and concentrated liquid diet. This was kept up for three days, night and day, with complete abatement of symptoms and no evidence of salivation. This case appears to have been one of syphilitic peritonitis, but with no history (obtainable) of luetic trouble. The case was very interesting to me and may be of interest to others. Maybe a different condition might have existed, as the last diagnosis was made only on the rapid disappearance of symptoms under specific treatment.

Wishing you a successful year, and much growth.

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Prof. Irving Fisher, of Yale University, has estimated the worth to society of the average life lost to preventable diseases at \$17,000. Reckoned on this basis, the average cost of saving one life in Pennsylvania has been \$199.19.

Dr. Sam G. Dixon, the commissioner of health, is given credit for this great work. He is also given credit for having discovered Tuberclin, and announced same in a medical journal one year before Koch made his announcement.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

### THE ANNUAL MEETING

**I**N MANY ways the last meeting of the Association was the best. There was not a member or visitor that was not pleased. The elaborateness and completeness of the arrangements surprised and pleased every one. Amid such excellence where every one did his duty, it were invidious to make comparisons, but the editor is constrained to mention the following whose efforts came under his personal notice: Dr. and Mrs. Washington, Major Ramsey, Captain Snyder, Professor Williston, Mrs. Warren Logan, and last, but by no means least, the Medical Director and his able corps of assistants, nurses, pharmacists, etc. Altogether it was a great meeting where everybody, host and guest, was at his best. The clinics marked an epoch in medical meetings.

## PRESIDENTS OF THE NATIONAL MEDICAL ASSOCIATION—THE THIRTEENTH MAN

THERE have been thirteen presidents of the National Medical Association: namely, R. F. Boyd, Nashville, Tennessee; H. T. Noel, Nashville, Tennessee; F. A. Stewart, Nashville, Tennessee; C. V. Roman, Dallas, Texas; J. E. Hunter, Lexington, Kentucky; R. E. Jones, Richmond, Virginia; N. F. Mossell, Philadelphia, Pennsylvania; W. H. Wright, Baltimore, Maryland; P. A. Johnson, New York, New York; M. F. Wheatland, New Port, Rhode Island; A. M. Curtis, Washington, District of Columbia; H. F. Gamble, Charleston, West Virginia; John A. Kenney, Tuskegee Institute, Alabama.

These men are all living except the first president, R. F. Boyd. It is interesting to note how many of them are steady workers for the Association. At our last annual meeting there were present Doctors Roman, Hunter, Wright, Johnson and Curtis of our ex-presidents. Two of our ex-presidents have never attended a meeting since they laid down the gavel. We have had many aspirants who have never attended any meetings after their aspirations, and some who had never attended any before. These facts are brought forward for their educational value only. It is unfortunate for the welfare of the Association that its chief honors are so easily reached that they may be within the grasp of those attending for the first time, or its obligations so lightly valued as to be forgotten with the laying down of the gavel. The men whom the Association has honored ought in self-defense work for the perpetuity of the Association.

The present incumbent, Dr. John A. Kenney, comes to the chair with a longer and more arduous preliminary training in the work of the Association than any of his predecessors. Success to the thirteenth man to fill the Executive Chair of the National Medical Association!

## ETHNOLOGY

WHETHER there is or ever has been a perfectly sane man in the world is an academic question of more than passing interest. Certainly there are some subjects upon which sane thinking is rare, subjects about which the average intelligent man or woman seems incapable of talking or writing without bias, manifesting neither prepossession nor prejudice. Religion, politics and ethnology are striking illustrations. Men pray to the Supreme Ruler of the Universe, "Thy kingdom come" and cut each other's throat over the manifestations of that kingdom, and call for omnipotent damnation while so doing by continuing to pray, "Forgive us our trespasses as we forgive those that trespass against us."

"Vox populi, vox Dei" cry the altruistic humanitarian reformers in politics, as they seek the destruction of all who differ with them as to who constitutes the said "populi." But "Man's inhumanity to man" is supreme in ethnology, where "the power to make his brother mourn" is proclaimed the chiefest of virtues, and robbery and spoilation are hailed altruism most exalted, and charity most beneficent.

The Inquisition was the fruit of religious zeal, and the Reign of Terror was the work of those who proclaimed Justice and Equality as their political guides; while the barbarities of the slave-trade, with the apparently interminable ramification thereof, seem to be the chief evidence of the boasted ethnological superiority of the white man.

The American Negro has been a fruitful theme for ethnological speculation. Every profession has been represented by the numerous congregation of those who have discussed the Negro problem. Lawyers, preachers, politicians and doctors have vied with each other in extravagance of assertion.

The Medical Record of September 21, 1912 has a

typical article of the kind referred to; it contains the usual fundamental errors characteristic of these articles.\*

Frailties that are human and general they characterize as peculiar Negro vices:

"Among them are splendid personalities, yet the majority lack elements of stability, of dependableness. They are too often their own worst enemies, deficient in fixity of purpose, in judgment, in those reliable characteristics which fit them for citizenship."

Except a few small, isolated and especially favored groups, is this not true of mankind the world over?—especially ex-slaveholders resident in Philadelphia?

"Solution of the health problems of the Negro would seem to be particularly significant and urgent, so intimately interwoven are they with the industrial. The most obvious need is for education of the young in principles of citizenship. No remedy can exceed in value implanting the seeds of self-respect, of industry, of responsibility, of obedience to constituted authority."

Is this not true of the entire population of this land of misfeasance, mobs and murder?

"The Negro of the rural sections of the South is now, according to the evidence, in far better condition of health and morals than the Negro of the cities."

Is this not true of every class and condition of mankind in every part of the world? Then why adduce it as an argument against the Negro?

II. The assumption that the Negro, compared to the white man in this country, is an alien is false. The Negro's residence in America has been practically co-eval with the white man's stay. The latter is not more autochthonous in America than the former. The assertion that the Negro cannot survive here is the wildest speculation and contrary to facts. Taking twenty-five years as a generation, the Negro has already lived nearly twelve generations here and

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\*The Negro and His Health Problems, by J. Madison Taylor, A. B., M. D.

now has a normal numerical increase, having doubled in numbers since emancipation.

III. The assumption that slave-driving qualifies one to judge free men is illogical, pitiable and contrary to human experience. The contention of the white man that because he owned the Negro in slavery he understands him in freedom constitutes the real "Dementia Americana."

The explanatory note that the writer was an ex-slaveholder was entirely superfluous. Everybody that read the article could tell that before he had read a page. The style is characteristic, praise for the condition of the Negro as a slave, and malediction on both the Negro and his condition in freedom.

"Under slavery the health of the Negro was peculiarly good, well in advance of the rest of the community."

"To-day a deplorable condition of affairs prevails among these alien racial elements of the community."

The assumed superiority of health conditions in slavery cannot by any just reasons be used as an evidence of the Negro's inability to meet the exigencies of freedom.

The Negro's physical vigor of antebellum days was a gift of Nature—the common heritage of her savage children. His survival was due to the merciless and murderous selection of the slave trade across the Atlantic. Only the toughest, physically, could withstand the rigors of the slave ships and the brutality of the slave trader. The absence of sickness was due to the well known fact that the weak did not survive to become sick. Miscarriages precluded invalids, and the grave-yard excluded the hospital.

(See editorial, Impending Crisis, Journal of National Medical Association, Volume I, No. 4, page 233.)

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## TITLES

**C**ONTRAIRIETIES characterize life. Life itself seems a contradiction to chemical laws. America is "the land of the free and the home of the brave," and yet the only civilized place on earth where mobs mur-

der manacled prisoners in the presence of the officers of the law.

In our boasted democracy the untitled citizen is the exception. While it seems a national affliction, the doctors and preachers seem the worst offenders, with the school teachers playing hard for a place. It is an offense against good taste to flout M. D. or D. D. or A. B. in one's face at every opportunity. The continued iteration of titles in our society and conference minutes is frequently nauseating. The bishop that has a string of titles after his name in giving a simple official announcement, and the doctor who signs M. D. to his social correspondence are certainly violating the canons of polite usage, to say the least. Our church papers seem to be the chief sinners. A reform in this line would certainly be in the interest of good taste, to say nothing of good morals.

"What then is taste but those eternal powers  
Active and strong, and feelingly alive  
'To each fine impulse? a discerning sense  
Of decent and sublime, with quick disgust  
From things deformed, or disarranged, or gross  
In species? This, nor gems, nor stores of gold,  
Nor purple state, nor culture can bestow,  
But God alone, when first his sacred hand  
Imprints the secret bias of the soul."

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**D**URING the last eight years the number of medical schools in the United States has been reduced from 166 to 118.

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**T**HE BACTERIAL contamination of bread by careless handling and unhygienic surroundings is one of the revelations of recent investigations. The B. Coli was among the number of unwelcome visitants upon "the staff of life." The imagination here opens a rather unpleasant vista.

**H**EXAMETHYLENAMIN is only effective as a urinary antiseptic when the urine is acid, Sandalwood oil being our best reliance when the urine is neutral or alkaline. Such is the conclusion reached by A. R. Jordon after much experimental investigation.

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### OBITER DICTA

The people seem instinctively to distrust leaders too far in advance of them.

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Lending money is often good means of borrowing trouble. So with giving advice.

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The old differential diagnosis between chancre and chancroid is of little clinical worth. A diagnosis of chancroid gives a false security. Many typical chancroids are followed by syphilis.

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"Nothing useless is, or low," sings the poet. It is difficult to accept this as true in estimating the professional worth of medical men whose pictures and testimonials boost patent and proprietary remedies for popular consumption.

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The Wassermann reaction has not entirely excluded the old fashioned therapeutic test for tertiary syphilis.

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Nerve deafness is nearly always syphilitic.

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Anisocoria is always pathologic and may be syphilitic.

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Vehemence of assertion may confuse counsel but cannot alter facts; neither can a priori reason supersede observation.

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The privilege of explanation is the right of the defeated, and should be neither abridged nor denied.

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"Death is no respecter of persons," but disease is, preferring always the ignorant and poor.

## N. M. A. COMMUNICATIONS

### MINUTES: 14th ANNUAL MEETING N. M. A. TUSKEGEE INSTITUTE, ALABAMA, AUGUST 27-29, 1912

August 27, 1912.

The opening session of the Fourteenth Annual Meeting of the National Medical Association was called to order at 10:15 a. m., by Dr. J. A. Kenney, of Tuskegee Institute, Chairman of the Local Committee. Invocation by Rev. J. W. Whittaker. Owing to the absence of Mr. Warren Logan, Dr. A. F. Owens, of Tuskegee Institute, delivered the opening address of welcome in behalf of Tuskegee Institute and community. Music was rendered by the Tuskegee Institute Quartet. The president of the National Medical Association, Dr. H. Floyd Gamble, was presented by Dr. Kenney, the acting chairman. The annual address of the president, entitled, "The Physician and Community," was delivered by Dr. Gamble. (See president's address.) The address having been delivered, Dr. Gamble announced that the Fourteenth Annual Session of the National Medical Association was now formally opened for business.

Music was rendered by the Tuskegee Orchestra. A paper entitled "Typhoid Fever, Its Management and Treatment" was read by Dr. N. J. Atkinson, of Greenville,

Texas. The president announced that each member would be allowed three minutes for general discussion. The following members participated in the discussion:

Drs. G. W. Cabaniss, Washington, District of Columbia; Lynk, Tennessee; Myles Jones, Virginia; Cannon, New Jersey; Curtis, District of Columbia; Jones, Kentucky; Wyche, North Carolina; Curtis, Arkansas; Burwell, Alabama; Johnson, New York.

Dr. Roman, Nashville, Tennessee, moved that during the present session, in the absence of any paper appearing on the program, or the reader of the same, the Association should have one hour for the discussion of the subject. Motion carried. The subject, "The Negro and Sanitation," was opened for general discussion by the house, the following members taking part:

Drs. Sterrs, Alabama; Lynk, Tennessee; Hale, Tennessee; Roman, Tennessee; McCard, Maryland; Wright, Maryland; Wright, North Carolina; Cannon, New Jersey; Alexander, New Jersey; Curtis, Arkansas; Curtis, District of Columbia; Johnson, New York; Paey, Virginia.

The discussion was brought to a close by the president, Dr. Gamble. Announcements were read by Dr. J. A. Kenney. The following committees were appointed by the president:

Obituary: Drs. Roman and Levy.  
Time and Place: Drs. Higgins, Townsend and Terrell.

Resolutions: Drs. Cabaniss, Ferguson and McCard.

Credentials: Drs. G. R. Ferguson, Levy and Alexander.

Adjournment.

#### AFTERNOON SESSION

Meeting was called to order by President H. F. Gamble. Prayer was offered by Dr. Miles B. Jones, of Richmond, Virginia. A paper entitled "Milk and Its Relation to Public Health" was read by Dr. J. P. Golden, of Georgetown, South Carolina. The discussion was opened by Dr. Lynk, of Memphis, Tennessee, followed by Drs. Cabaniss of Washington, and Tennant of Richmond, Virginia, who related an instance of fourteen persons in Oklahoma becoming victims of tuberculosis through the agency of one cow having a diseased udder. The discussion was closed by Dr. Golden.

The minutes of the last session of the 1911 meeting, at Hampton, Virginia, were read and adopted. The report of the Executive Committee was read by Dr. W. E. Sterrs, of Decatur, Alabama, secretary of the board. (See report of the Executive Committee.) Delegates from the following states made verbal reports in behalf of their respective state and local societies.

Alabama.....	By Dr. Scott
Florida.....	" " Thompson
Mississippi .....	" " Dumas
Texas .....	" " Atkinson
South Carolina.....	" " Edwards
North Carolina.....	" " Hargraves
Virginia .....	" " Tennant
West Virginia.....	" " Gamble
New York.....	" " Johnson
Maryland.....	" " McCard
Arkansas ... ..	" " Hayman
District of Columbia....	" " Dumas
Louisiana .....	" " Walker
Rhode Island.....	" " Higgins
Kentucky .....	" " Jones
Georgia .....	" " Burroughs
Massachusetts.....	" " Cox
Tennessee.....	" " Lynk
New Jersey.....	" " Alexander
Local Society of Nashville, Tennessee, Dr. Hale.	

Dr. Gamble reported \$5.00 for the West Virginia State Society. Dr. B. F. Jones reported \$5.00 for the Kentucky State Society.

Many of the other delegates promised to make themselves responsible for a remittance by their respective societies. The following resolution was offered by Dr. P. A. Johnson, of New York, and referred to the Executive Committee: Amendment to chapter 12, article 2: In case any paper is not read, through the absence of the essayist, the subject of the paper may by vote of the house be discussed for thirty minutes.

Adjournment.

#### EVENING SESSION

The evening session was held in the Chapel of the Tuskegee Institute. Dr. J. A. Kenney, Chairman of the Local Committee, presided. Invocation was offered by Dr. C. Stephen Haynes, of Athens, Georgia. Music by the Tuskegee Choir.

Music by the Tuskegee Institute Quartet. Dr. L. L. Burwell, of Selma, Alabama, delivered an address of welcome in behalf of the Alabama Medical, Dental and Pharmaceutical Association. Music by the Tuskegee Institute Quartet. Responses to the addresses of welcome were made by Dr. F. S. Hargrave, of North Carolina, Dr. D. A. Ferguson, of Virginia, and Dr. W. H. Higgins of Rhode Island. Music by the Tuskegee Institute Quartet. A report of the Journal of the National Medical Association with suggestions for improvement and an appeal for co-operation and assistance was made by Dr. C. V. Roman, of Nashville, Tennessee.

An address was delivered by Dr. Booker T. Washington, Principal of the Tuskegee Institute.

Adjournment.

August 28, 1912.

The morning session of the National Medical Association was called to order by the president, Dr. H. Floyd Gamble. Devotional exercises were conducted by Rev. Mr. Hatcher. In response to the invitation sent throughout the county, the public was present in large numbers to participate in what was designated on the program as a "Farmers' Conference" which took the form of a public health discussion. Short talks were made by Mr. Rakestraw, Mr. J. H. Palmer, Dr. J. E. Hunter, of Lexington, Kentucky; Dr. J. P. Golden, and Rev. J. H. Cummings, who spoke in behalf of the farmers. Dr. J. W.

Darden, of Opelika, Alabama, and Prof. Young also spoke in behalf of the farmers.

The presiding officer, Dr. Dumas, invited the farmers present to ask any question on tuberculosis or other diseases in which they might be interested. Dr. Mason, of Birmingham, spoke briefly on tuberculosis. Dr. Carson, of Washington, spoke on pellagra. Dr. Roman, of Nashville, Tennessee, on "The Negro Death Rate." The chairman called upon the following to make addresses:

Drs. Dumas, Natchez, Mississippi; Curtis, Washington, District of Columbia; P. A. Johnson, New York; Miles B. Jones, Richmond, Virginia; Levy, South Carolina; T. A. Walker, Louisiana; Hale, Tennessee; Scott, Alabama; Alexander, Orange, New Jersey; Rev. Mr. Mills, Tuskegee, Alabama; Rev. Mr. Randolph, Alabama; Mr. Philpot, Alabama; Mrs. Pew, Alabama; Miss Marble, Alabama.

Following this meeting the members of the Association and the farmers were tendered a barbecue by the officers of the Institute.

#### WEDNESDAY AFTERNOON

##### MEDICAL SECTION

At a meeting of the Medical Section, with Dr. Levy acting as chairman, the following were elected as members of the House of Delegates: Drs. Higgins, Levy, Cannon, Hargrave, Robinson, Walker, Holmes.

Dr. J. R. Levy, of Florence, South Carolina, was unanimously elected chairman of the Medical Section for the ensuing year. Dr.

F. S. Hargrave, of Wilson, North Carolina, was elected to the Executive Board. Dr. Albert A. Tennant, of Richmond, Virginia, was elected secretary of the Medical Section.

August 28, 1912.

#### DENTAL SECTION

The Dental Section was called to order by chairman R. C. Brown, D. D. S., of Richmond, Va. Invocation was offered by Dr. Nesbitt, of Montgomery, Alabama. Roll Call. Reading of minutes by secretary, C. O. Lee, D. D. S., of Winston-Salem, North Carolina.

The following members were present: Doctors H. A. Anderson, Jacksonville, Fla.; B. J. Anderson, Birmingham, Ala.; R. C. Brown, Richmond, Va.; E. T. Belsaw, Mobile, Ala.; J. B. Brown, Tuscaloosa, Ala.; E. W. Braswell, Macon, Ga.; W. F. Clark, Opelika, Ala.; W. A. Cox, Cambridge, Mass.; T. B. Coleman, Natchez, Miss.; S. L. Edwards, Anderson, S. C.; D. A. Ferguson, Richmond, Va.; S. W. Jefferson, Pensacola, Fla.; R. J. Johnson, Rome, Ga.; G. W. Harry, Greenville, S. C.; W. E. Lacey, Birmingham, Ala.; C. O. Lee, Winston-Salem, N. C.; A. T. Landers, Tuskegee Institute, Ala.; J. M. G. Ramsey, Richmond, Va.; A. W. Thompson, Mobile, Ala.; E. W. Reid, Greensboro, Ala.; E. W. Smith, Winston-Salem, N. C.; A. D. Stewart, Montgomery, Ala.; T. J. Lee, Eufaula, Ala.

The chairman delivered his annual address which was interesting and

instructive. Many recommendations for improvement in the work of both the sections and the National Association were made by the chairman, among which were the creation of the office of vice-chairman and assistant secretary, larger dental clinics and the establishment of a query box. On motion, the annual address was ordered to be spread upon the minutes of the Association. It was moved by Dr. E. T. Belsaw, of Mobile, Ala., and seconded by Dr. W. E. Cox, of Massachusetts, that in the future, the Dental Section elect a vice-chairman and an assistant secretary.

A paper was read by Dr. W. A. Cox, of Cambridge, Mass.; entitled "Peridontitis, Cause and Treatment." The subject was fully discussed by the members present. On motion, a committee was appointed to report on delegates to represent the Dental Section in the House of Delegates.

The following were elected:—Doctors J. M. G. Ramsey, Richmond, Va.; W. F. Clark, Opelika, Ala.; W. E. Braswell, Macon, Ga.

The above members were duly elected as delegates. Dr. D. A. Ferguson, of Richmond, Va., was unanimously elected vice-president of the National Association. Dr. E. T. Belsaw, of Mobile, Ala., was elected representative for the Executive Committee to succeed Dr. M. A. Vanhorne, of Newport, R. I. Dr. J. M. G. Ramsey moved that the member of the Executive Committee representing the Dental Sections be instructed to request the

Executive Committee to allow the Dental Section one-half of the dues paid by its members, for the purpose of furthering the interests of the Dental Section.

Adjournment.

August 29, 1912.

Meeting was called to order by the chairman, Dr. R. C. Brown. A paper, "The Panacea for Dental Caries," was read by Dr. Thomas B. Coleman, of Natchez, Miss. The paper was discussed at length and emphasis was laid on the regulation of diet, proper food, and proper instructions for mother and children. The section was honored by the presence of Dr. A. F. Owens, Dean of Phelps Hall Bible Training School, who gave a few remarks of advice and encouragement.

#### DENTAL CLINICS

Dental Clinics were held in the office of Dr. A. T. Landers, resident dentist of Tuskegee Institute. Those participating in the clinic were: Doctors D. A. Ferguson, of Richmond, Va.; C. O. Lee, of Winston-Salem, S. C.; A. T. Landers, Tuskegee Institute, Ala.

A vote of thanks was extended to Dr. A. T. Landers for tendering the use of his office to the Dental Section for clinical purposes.

The following report was made by the committee on condolences, and on motion, the same was adopted and ordered spread upon the minutes of the Association.

Adjournment.

#### AFTERNOON SESSION

The meeting was called to order

by the chairman, Dr. R. C. Brown. A paper entitled "Professional Duty" was read by Dr. D. A. Ferguson, of Richmond, Va. A paper entitled "Systemic Manifestation of Diseases" was read by Dr. B. J. Anderson, of Birmingham, Alabama. Both papers were ably and interestingly discussed with much benefit to the members of the section. The dental oration, "Preventive Dentistry," was delivered by Dr. E. W. Smith, of Winston-Salem, N. C. Oral Hygiene was the subject of remarks made by Dr. J. M. G. Ramsey, of Richmond, Va. The following officers were named by a committee, which had been appointed by the Association, to act for the Dental Section during the ensuing year: Chairman, C. O. Lee, D. D. S., of Winston-Salem, N. C.; Vice-chairman, A. W. Thompson, D. D. S., of Mobile, Ala.; Secretary, W. E. Braswell, of Macon, Ga.; Assistant Secretary, S. L. Edwards, D. D. S., of Anderson, S. C.

A telegram was received from Dr. W. B. Block regretting his inability to be present at the session. A committee on condolences was appointed to draft resolutions of sympathy for the family of the late Dr. R. L. Macbeth of Charleston, South Carolina.

Tuskegee Institute, Ala.,

August 29, 1912.

Whereas, it has pleased Almighty God in His infinite wisdom to see fit to have removed from our midst Dr. R. J. Macbeth, of Charleston, South Carolina, since our last annual meeting, and

Whereas, he was a consistent member of this Association and his work and worth will be greatly missed by us in the future, and

Whereas, the absence of his presence in our future meetings will be a source of great regret to us, and the wisdom of his counsel and advice will be greatly missed; Therefore be it

Resolved, That the association of the Dental Section of the National Medical Association in session now, do hereby express their sorrow and sympathy to the bereaved family, and be it further

Resolved, That a copy of these resolutions be sent to the bereaved family, and that a copy be spread upon the face of the minutes of this organization.

Respectfully submitted,

E. T. Belsaw, Chairman, Mobile, Alabama.

J. Mercer G. Ramsey, Richmond, Virginia.

J. B. Brown, Secretary, Tuscaloosa, Alabama.

August 29, 1912.

#### MEDICAL SECTION

##### THURSDAY MORNING

The meeting was called to order by the chairman, Dr. Levy. Minutes of the previous session were read and adopted. A paper entitled "The Diagnosis of Incipient Tuberculosis" was read by Dr. A. A. Tennant, of Richmond, Va., and was discussed by Dr. Walker, of Asheville; Dr. Roberts of New York; Dr. Lynk, of Memphis, Tenn.; Dr. Alexander, of Orange, N. J.

A paper was read by Dr. J. E. Hunter, of Lexington, Ky., entitled "The Relation of Extra Gastric Lesions to Gastric Symptoms." The paper was discussed by Dr. Dumas, of Washington; Dr. Curtis, of Washington; Dr. Terrel, of Memphis; Dr. Gamble, of West Virginia; Dr. Thornhill, of New Orleans. The discussion was closed by Dr. John E. Hunter of Lexington. Dr. Smith, made a motion that the Medical, and Surgical Sections meet in joint sessions for the consideration of further papers. Motion seconded by Dr. M. O. Dumas. Carried.

August 29, 1912.

#### MORNING SESSION

Meeting was called to order by President H. F. Gamble. The minutes of the Wednesday afternoon session were read and adopted. It was moved that only those papers be read whose authors were present. Motion amended to read that "if sufficient time remains, other papers be read." Both motions adopted. At this juncture the General Secretary, Dr. J. A. Kenney, read letters from several members who were unable to be present. An invitation was received from Dr. Booker T. Washington, asking the delegates and friends to meet him and Mrs. Washington at three o'clock. On motion, the invitation was received and the request complied with. On motion, it was agreed that the meeting should re-assemble at two o'clock. A paper entitled "The Serum Diagnosis of Syphilis" was read by Dr. S. C.

Dickerson, of Chicago. Dr. Dickerson's paper was well received and discussed at length by Drs. Lynk, Thomas, and Faucett. Dr. Dickerson closed the discussion by giving explanations of the technic of the Wasserman Reaction and its aid as a diagnostic method for detection of obscure diseases.

A paper entitled "Technic and Indication for Curetage" with a report of cases by Dr. S. L. Carson of Freedmen's Hospital, Washington, was read. The paper was discussed by Drs. Hayman, Thomas, Atkinson, Wyche, of North Carolina; Hale, of Tennessee; Terrell, of Tennessee; Brown, of Alabama; and Dickerson, of Illinois.

Adjournment.

August 29, 1912.

#### AFTERNOON SESSION

The meeting was opened by Dr. Dumas of Washington, District of Columbia. Prayer was offered by Dr. Walker, of Asheville, North Carolina. The minutes of the morning session were read and adopted. The committee on obituary reported, mentioning the names of Drs. R. F. Boyd, and Dr. Earl, South Carolina; J. B. Banks, of Natchez, Mississippi; R. J. Macbeth, of Charleston, South Carolina, and the wife of General Secretary, J. A. Kenney.

On motion, the report was adopted and ordered spread upon the minutes of the Association. The committee on Time and Place brought in a divided report, the majority report favoring Atlantic City as the meet-

ing place for next year, the minority report favoring Memphis, Tennessee. A motion was made that the majority report be adopted. A substitute motion was made that the previous motion be tabled and nominations for the meeting place be made from the floor. Dr. Townsend, of Nashville, presented Nashville for the 1913 session. Dr. Lynk, of Memphis, presented Memphis for the 1913 session. It was agreed that the vote should be by standing. Nashville was selected as the meeting place, receiving fifty-five votes, and Memphis eight.

The committee on resolutions reported. On motion the report was adopted and ordered spread upon the minutes of the Association. On motion the secretary was ordered to call the roll to determine if all present were entitled to vote. On motion it was decided to go into executive session and none but members of the Association be allowed to remain in the room. The report of the Executive Committee was read by Dr. W. E. Sterrs, secretary of the board. (See report of the Executive Committee.) It was moved that the report be adopted. Amended that the report be adopted with the exception of the recommendation concerning office-holding. (See report of Executive Committee.)

A vote of thanks was tendered Dr. J. A. Kenney for his long and faithful service as General Secretary of the organization. The report of the House of Delegates was read and the following were announced

as officeholders for the ensuing year: Dr. John A. Kenney, Tuskegee Institute, Alabama, President; Dr. D. A. Ferguson, Richmond, Virginia, Vice-President; Dr. C. M. Wilkerson, Mobile, Alabama, Second Vice-President; Dr. J. R. Levy, Florence, South Carolina, Treasurer; Dr. W. G. Alexander, Orange, New Jersey, General Secretary; Dr. E. P. Roberts, New York City, Assistant Secretary.

Adjournment.

## SURGICAL CLINIC, TUESDAY

### FIBROID

Operator, Dr. A. M. Brown, Birmingham, Ala.; Assistant operator, Dr. L. U. Goin, Birmingham, Ala.; Anaesthetist, Dr. G. N. Woodward, Tuskegee Institute, Ala.

### PERINEAL SECTION

Operator, Dr. Jno. Hunter, Lexington, Ky.; Assistant operator, Dr. C. A. Terrell, Memphis, Tenn.; Anaesthetist, Dr. A. B. McKenzie.

## WEDNESDAY

### MYOMA OF UTERUS

Operator, Dr. Wm. Warfield, Freedmen's Hospital, Washington, D. C.; Assistant operator, Dr. S. L. Carson, Washington, D. C.; Anaesthetist, Dr. G. N. Woodward, Tuskegee, Ala.

### FIBROID

Operator, Dr. A. M. Curtis, Washington, D. C.; Assistant operator, Dr. U. G. Mason, Birmingham, Ala.; Anaesthetist, Dr. Don Wilborn, Anniston, Ala.

### RECTAL STRICTURE

Operator, Dr. S. L. Carson, Washington, D. C.; Anaesthetist, Dr. A. B. McKenzie.

### PERINEORAPHY

Operator, Dr. S. L. Carson, Washington, D. C.; Assistant operator, Dr. U. G. Mason, Birmingham, Ala.; Anaesthetist, Dr. J. W. Hawkins, Dawson, Ga.

## THURSDAY

### MYOMA OF UTERUS

Operator, Dr. J. A. Kenney, Tuskegee Institute, Ala.; Assistant operator, Dr. S. L. Carson, Washington, D. C.; Anaesthetist, Dr. G. N. Woodward, Tuskegee Institute, Ala.

### FIBROID

Operator, Dr. William Warfield, Washington, D. C.; Assistant operator, Dr. J. Seth Hills, Jacksonville, Fla.; Anaesthetist, Dr. G. N. Woodward, Tuskegee Institute, Ala.

### MYOMA OF UTERUS

Operator, Dr. A. M. Curtis, Washington, D. C.; Assistant operator, Dr. John Hunter, Lexington, Ky.; Anaesthetist, Dr. S. L. Carson, Washington, D. C.

### OOPHORECTOMY AND APPEN- DECTOMY

Operator, Dr. S. L. Carson, Washington, D. C.; Assistant operator, Dr. H. C. Bryant, Birmingham, Ala.; Anaesthetist, Dr. A. B. McKenzie, Tuskegee Institute, Ala.

### TONSILLOTOMY

Operator, Dr. William Warfield, Washington, D. C.; Anaesthetist,

Dr. J. A. Kenney, Tuskegee Institute, Ala.

#### ADENECTOMY

Operator, Dr. C. V. Roman, Nashville, Tenn.; Anaesthetist, Dr. G. N. Woodward, Tuskegee, Institute, Ala.

#### FRIDAY

##### PYOSALPINX

Operator, Dr. S. L. Carson, Washington, D. C.; Assistant operator, Dr. H. C. Bryant, Birmingham, Ala.; Anaesthetist, Dr. G. N. Woodward, Tuskegee Institute, Ala.

##### MYOMA OF UTERUS

Operator, Dr. J. A. Kenney, Tuskegee Institute, Ala.; Assistant operator, Dr. S. L. Carson, Washington, D. C.; Anaesthetist, Dr. N. J. Broughton, Birmingham, Ala.

##### PERINEORAPHY & TRACHELORAPHY

Operator, Dr. S. L. Carson, Washington, D. C.; Assistant operators, Doctors H. C. Bryant, Birmingham, Ala., and Willis E. Sterrs, Decatur, Ala.; Anaesthetist, Dr. A. B. McKenzie, Tuskegee Institute, Ala.

##### VARICOSE ULCER LEG

Operator, Dr. William Warfield, Washington, D. C.; Assistant operator, Dr. Willis E. Sterrs, Decatur, Ala.; Anaesthetist, Dr. A. B. McKenzie, Tuskegee Institute, Ala.

##### TUMOR OF FACE

Operator, Dr. A. M. Curtis, Washington, D. C.; Assistant operator, Dr. A. M. Brown, Birmingham, Ala.; Anaesthetist, Dr. N. J. Broughton, Birmingham, Ala.

#### HARE LIP

Operator, Dr. A. M. Curtis, Washington, D. C.; Assistant operator, Dr. A. M. Brown, Birmingham, Ala.; Anaesthetist, Dr. N. J. Broughton, Birmingham, Ala.

#### ADENECTOMY

Operator, Dr. C. V. Roman, Nashville, Tenn.; Anaesthetist, Dr. H. C. Bryant, Birmingham, Ala.

#### SATURDAY

##### OSTEOTOMY FOR GENU-VALGUM

Operator, Dr. S. L. Carson, Washington, D. C.; Assistant operator, Dr. J. A. Kenney, Tuskegee Institute, Ala.; Anaesthetist, Dr. Don Wilborn.

##### OSTEOTOMY FOR GENU-VALGUM

Operator, Dr. A. M. Curtis, Washington, D. C.; Assistant operator, Dr. Don Wilborn; Anaesthetist, Dr. T. J. Faucett, Lynchburg, Va.

We are pleased to state that every patient operated on at the clinic of the 14th annual meeting of the National Medical Association, recovered.

#### MEDICAL CLINICS

The clinics were conducted by Dr. P. A. Johnson, New York City, N. Y.; Dr. George W. Cabaniss, Washington, D. C.; Dr. E. P. Roberts, New York City, N. Y., assisted by Doctors Charles I. Thomas, of Anniston, Ala.; Dr. Webb Curtis, of Hot Springs, Ark.; Dr. Bryant, of Birmingham, Ala., and several other visiting physicians.

At these clinics four hundred and fifty-nine cases were treated. These covered a large number of medical diseases, among them were malaria, pellagra, the different valvular

diseases of the heart, rheumatism, neuralgia, constipation, tabes, syphilis, different forms of indigestion, migraine, nephritis, several different skin affections and a number of other different diseases.

The eye, ear, nose and throat clinic was conducted by Dr. M. O. Dumas, of Washington, D. C.; Dr. C. V. Roman, of Nashville, Tenn., and Dr. Cary, of Macon,

Ga.; forty cases were treated at this clinic. Among these were a number of refractive errors for which glasses were prescribed. Several cases of chronic naso-pharyngeal catarrh were treated, also adenoids and diseased tonsils were removed and cases of otitis media, with other ear troubles, came in for their appropriate treatment.

DUPLICATE OF PROCEEDINGS OF EXECUTIVE COMMITTEE

Tuskegee Institute, Alabama, August 27, 1912.

Executive Committee called to order at 2 p. m., by Chairman, Dr. G. E. Cannon.

Present: Dr. G. E. Cannon, Dr. A. M. Curtis, Dr. J. A. Robinson and Dr. Willis E. Sterrs. Dr. J. A. Kenney, General Secretary, and Dr. J. R. Levy, Treasurer, were also present. Dr. Kenney made report for the Journal as follows:

Receipts since 1911 meeting.....		\$ 567 69
Deficit—1911 .....	\$ 12 50	
Disbursement per voucher.....	293 67	
Per check.....	17 51	
Total disbursement.....	\$ 323 78	\$ 323 78
		\$ 243 91
Due Dr. J. A. Kenney by Journal.....	\$ 150 00	
Disbursed by Dr. Kenney for Journal.....	56 89	
	\$ 206 89	
Paid to Dr. Kenney by Journal.....	41 99	
	\$ 164 90	\$ 243 91
		164 90
Balance.....		\$ 79 01
Due National Medical Association from Journal.....		6 50
		\$ 85 51
Balance.....		\$ 85 51
Paid Tuskegee Institute, August 26, 1912.....		123 00
		85 51
Deficit.....		\$ 37 49

Report received and turned over to auditing committee, Drs. J. A. Robinson and Willis E. Sterrs.

Bill from Tuskegee Normal and Industrial Institute, \$24.50, ordered paid.

Bill from Dr. C. O. Lee, Sec., of Dental Section, for \$7.20, ordered paid.

Report from Dr. J. A. Kenney for National Medical Association as follows:

Balance at opening of 1911 meeting.....		\$ 26 52	
Receipts at meeting 1911.....		575 10	
Total.....		\$ 601 62	
Disbursement 1911 meeting.....		326 95	
Balance in treasury.....		\$ 274 67	
Turned to Treasurer by Dr. Kenney.....		108 06	
		\$ 382 73	
Disbursement as per book.....		348 81	
Balance.....		\$ 33 92	
Office allowance due Dr. Kenney.....	\$ 150 00		
Disbursed by Dr. Kenney.....	83 61		
	\$ 233 61		
Paid Dr. Kenney by National Medical Association.....	111 76		
Amount due.....	\$ 121 85	\$ 121 85	
		33 92	
Deficit.....		\$ 87 93	
Due by Journal of National Medical Association (stickers).....		6 50	
Total deficit.....		\$ 94 43	

Report received and referred to auditing committee.

Report of Treasurer as follows:

Receipts since 1911 meeting.....	\$ 200 41
Balance in treasury from last meeting.....	493 00
Total.....	\$ 693 41

#### DISBURSEMENTS

Total disbursement of Treasurer.....	\$ 693 46
Balance due Treasurer.....	05

Received and referred to auditing committee.

Recommend that all officers present their bills of office expenses at the end of each year to executive board, itemizing all expenditures and vouchers.

Recommend that no other bill will be paid by treasurer except on endorsement of president, general secretary and chairman executive board.

Recommend that the general secretary be allowed \$50 per annum and, in addition, paid the actual expenses of his office, submitting the expense bill monthly or quarterly.

Recommend paying \$16.50 to Dr. Willis E. Sterrs; \$24.50 to Tuskegee Institute for printing, and \$7.20 to Dental Section.

We recommend that any officer of the National Medical Association or

diseases of the heart, rheumatism, neuralgia, constipation, tabes, syphilis, different forms of indigestion, migraine, nephritis, several different skin affections and a number of other different diseases.

The eye, ear, nose and throat clinic was conducted by Dr. M. O. Dumas, of Washington, D. C.; Dr. C. V. Roman, of Nashville, Tenn., and Dr. Cary, of Macon,

Ga.; forty cases were treated at this clinic. Among these were a number of refractive errors for which glasses were prescribed. Several cases of chronic naso-pharyngeal catarrh were treated, also adenoids and diseased tonsils were removed and cases of otitis media, with other ear troubles, came in for their appropriate treatment.

DUPLICATE OF PROCEEDINGS OF EXECUTIVE COMMITTEE

Tuskegee Institute, Alabama, August 27, 1912.

Executive Committee called to order at 2 p. m., by Chairman, Dr. G. E. Cannon.

Present: Dr. G. E. Cannon, Dr. A. M. Curtis, Dr. J. A. Robinson and Dr. Willis E. Sterrs. Dr. J. A. Kenney, General Secretary, and Dr. J. R. Levy, Treasurer, were also present. Dr. Kenney made report for the Journal as follows:

Receipts since 1911 meeting.....		\$ 567 69
Deficit—1911 .....	\$ 12 50	
Disbursement per voucher.....	293 67	
Per check.....	17 51	
		<hr/>
Total disbursement.....	\$ 323 78	\$ 323 78
		<hr/>
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Due Dr. J. A. Kenney by Journal.....	\$ 150 00	
Disbursed by Dr. Kenney for Journal.....	56 89	
		<hr/>
	\$ 206 89	
Paid to Dr. Kenney by Journal.....	41 99	
		<hr/>
	\$ 164 90	
		<hr/>
		\$ 243 91
		164 90
		<hr/>
Balance.....		\$ 79 01
Due National Medical Association from Journal.....		6 50
		<hr/>
Balance.....		\$ 85 51
Paid Tuskegee Institute, August 26, 1912.....		123 00
		<hr/>
		85 51
		<hr/>
Deficit.....		\$ 37 49

Report received and turned over to auditing committee, Drs. J. A. Robinson and Willis E. Sterrs.

Bill from Tuskegee Normal and Industrial Institute, \$24.50, ordered paid.

Bill from Dr. C. O. Lee, Sec., of Dental Section, for \$7.20, ordered paid.

Report from Dr. J. A. Kenney for National Medical Association as follows:

Balance at opening of 1911 meeting.....	\$ 26 52	
Receipts at meeting 1911.....	575 10	
Total.....	\$ 601 62	
Disbursement 1911 meeting.....	326 95	
Balance in treasury.....	\$ 274 67	
Turned to Treasurer by Dr. Kenney.....	108 06	
	\$ 382 73	
Disbursement as per book.....	348 81	
Balance.....	\$ 33 92	
Office allowance due Dr. Kenney.....	\$ 150 00	
Disbursed by Dr. Kenney.....	83 61	
	\$ 233 61	
Paid Dr. Kenney by National Medical Association.....	111 76	
Amount due.....	\$ 121 85	\$ 121 85
		33 92
Deficit.....	\$ 87 93	
Due by Journal of National Medical Association (stickers).....	6 50	
Total deficit.....	\$ 94 43	

Report received and referred to auditing committee.

Report of Treasurer as follows:

Receipts since 1911 meeting.....	\$ 200 41
Balance in treasury from last meeting.....	493 00
Total.....	\$ 693 41

#### DISBURSEMENTS

Total disbursement of Treasurer.....	\$ 693 46
Balance due Treasurer.....	05

Received and referred to auditing committee.

Recommend that all officers present their bills of office expenses at the end of each year to executive board, itemizing all expenditures and vouchers.

Recommend that no other bill will be paid by treasurer except on endorsement of president, general secretary and chairman executive board.

Recommend that the general secretary be allowed \$50 per annum and, in addition, paid the actual expenses of his office, submitting the expense bill monthly or quarterly.

Recommend paying \$16.50 to Dr. Willis E. Sterrs; \$24.50 to Tuskegee Institute for printing, and \$7.20 to Dental Section.

We recommend that any officer of the National Medical Association or

Journal of National Medical Association must turn over to the treasurer at the end of each month the money received.

We recommend that deficits of the Journal and National Medical Association due to general secretary be paid.

The board recommends that it is inadvisable for any officer of the National Medical Association or the Journal to be elected from any section to membership on the executive board or that no officer of either the Journal or the National Medical Association be elected to the executive board.

We recommend that the editors and officers of the Journal be required to make annual reports to the executive board of all conditions of the Journal.

We further recommend that the officers of the National Medical Association, officers and editors of the Journal, shall make a report at any other time that the chairman of the executive board may require.

The executive board convened again at 6 p. m. Called to order by chairman, Dr. G. E. Cannon, who was elected to succeed himself. Dr. J. A. Robinson was elected secretary of board. A vote of thanks was given Dr. Willis E. Sterrs, the retiring member and secretary of board.

The board then adjourned subject to call of chairman.

#### ECHOES FROM THE FOURTEENTH ANNUAL MEETING

Dr. A. M. Brown, of Birmingham, Alabama, Chairman of the Surgical Section of the National Medical Association and member of the Local Committee, played a most loyal and conspicuous part in promoting the success of the recent meeting. Aside from working for the general good of the meeting, he paid particular interest to the Surgical Section and brought two patients from Birmingham for operative treatment.

In an article, which we regret our space will not permit us to publish in full at this time, he gives a vivid description of what took place at clinics. However, below we present some abstracts.—EDITORS.

Reader, if you were there, I know you must have been greatly impressed with the manner in which the enormous number of men, women and children constituting the largest clinic in the history of the National Medical Association, manifested their faith in surgery, their confidence in medicine, their belief in spe-

cialty, their trust in dentistry and their hope in pharmacy.

It was proved conclusively to my mind that those brave souls had outlived their cowardice, their ignorance and their superstition by having placed at Tuskegee Institute's Hospital their lives upon surgery's altar, believing, feeling, knowing that the safety of their lives, their well-being and their longevity could not be placed in better hands than those of the Negro doctor. What a change in recent years in a slave state.

Did it occur to your mind with much emphasis, the anxiety, the willingness, to say nothing of the eagerness, with which the Macon County populace responded to the call of the farmers' meeting, simply to see, to behold, more Negro doctors, dentists and pharmacists than it was

ever their privilege as well as their pleasure, before to see, and to enjoy the indulgement of confabs with them?

Their response from the highways and hedges, more than anything of its kind, reminded me of the eager throng of sick and afflicted, of cripple and lame, of blind and deaf who sought succor, according to the manner described in the annals of Biblical history.

More than 440 sought relief from the Negro doctor, 36 bowing in humble submission to the Negro surgeon's knife and many blinking with childish docility to the command of the eye, ear, nose and throat specialists. Oh, for a moving picture of the scenes enacted in and about the Tuskegee Institute Hospital; here could have emanated moving pictures which would have been a source of education to all the civilized world, a source of inspiration to all Negro people, a source of stimulation to all Negro doctors. That promiscuous mass of suffering humanity has indelibly stamped upon our memory interesting and valuable pictorial records which mark an epoch in the National Medical Association, historically famous for its greatest clinical success.

Let me not forget to point to another picture on the inside. In the office of the Institute's Medical Director, stenographers were exceeding the speed limit in their efforts to cope with the typewriting machines which were momentarily tattling the every movement of the many physicians detailed to care for

the concourse of patients as they examined, diagnosed, consulted and prescribed. Specialists were equally busy in another part of the building, set apart for their special work, while upstairs in a well appointed operating room, a dozen or more of the most noted Negro surgeons of America were hewing, carving, chiseling with dexterous touch, anesthetized pieces of human sculpture.

The corridors and passageways were at all times patrolled by "Kennedy's Nursettes," perhaps more appropriately, goddesses of comfort and thirst, who offered the ever-ready ice cold glass of lemonade to the ever-ready-to-accept thirsty doctors, present company not excepted.

We did not have to send in any riot call or even to call upon any member of Tuskegee Institute's efficient police force to restore order, neither did the N. M. A. adjourn sine die without electing officers. Delegates to the electoral college deported themselves with decorum becoming real diplomats, and their deliberations were dignified.

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"Yes, I am again at my post of duty after having spent such a delightful time at Tuskegee. It certainly was an inspiration to me as well as a revelation."

Dr. J. P. Golden,  
Sumter, South Carolina.

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"We have many pleasant recollections of Tuskegee."

G. E. Cannon, M. D.,  
Jersey City, New Jersey.

"Every one says my trip to Tuskegee has made me younger. It certainly made me happier. I will never forget that trip, and hope to come again. With all that I saw and heard while there, your work at the Hospital impressed me more than anything else. You are doing wonderful work. This is the first time in my life that I have seen such work carried on by my people."

Susie T. Banks, Trained Nurse,  
Hampton, Virginia.

"I am very glad to acknowledge that my sojourn was pleasant and profitable. You good people know how to entertain strangers. We shall always pleasantly remember you."

Dr. G. W. Hayman,  
Little Rock, Arkansas.

"Yes, I enjoyed my stay at Tuskegee immensely. Everything was per-

fectly grand; the finest place I have ever seen. I will never forget the reception we received at Tuskegee."

Dr. W. H. Higgins,  
Providence, Rhode Island.

"Please allow me to compliment you and your worthy staff on the high class service rendered to the visitors to the National Medical Association. It was the result of much work and painstaking efforts, and untiring zeal. We enjoyed it."

Dr. J. W. Wiley,  
Greensboro, Alabama.

"Indeed I do feel well repaid for my trip to Tuskegee Institute and the National Medical Association, and am only too glad to know that the patients treated during the clinics are doing nicely."

N. J. Atkinson,  
Greenville, Texas.

### Hot, Cold and Longevity

Mexia News: Frost has been reported in the North, but the only frost in this section is found on the pipes in the ice factory, which is running overtime trying to make enough ice to keep the natives from melting.

And the ice factories succeed in saving our good Texas people in the good old summer time. It does get hot in Texas—honest Injun, it does. We are not joking. It absolutely does get hot in Texas at times. But we stand it well. With our ice and our fans and our philosophy we get through the torrid season in fine shape. Of course we complain a little from time to time, and in stressful moments we may go so far as to affirm that it is as hot as Satan's summer house, but we live through it and amble into the crispy fall weather physically prosperous. It is a good thing to go through

a season of hot weather. It is medicinal to perspire freely and frequently. They best stand the winter who sweat out a hot summer. The people who are always running from hot weather and running from cold weather do not live long. Those men and women of large wealth who spend the winter in the South and the summer in the North, never getting either cold or hot, rarely become centenarians. They succumb to trifling little illness. They do not acquire stamina, the vitality which enables them to throw off minor afflictions. Let us, then, not envy those leisurists who can live where they want to and move when they please. Rather let us envy ourselves, who perforce must take the hot with the cold and the cold with the hot, and live to ripe old ages, with grandchildren scrambling over our bony but buoyant old knees and upon our substantial chins' revered whiskers as white as a ghost's gaberdeine.

## OF INTEREST TO PHARMACISTS

BY MISS H. B. MARBLE, Phar. D.

TUSKEGEE INSTITUTE,  
ALABAMA

August 27, 1912.

The Pharmaceutical Section of N. M. A. met on the above date in one of the assembly rooms in Huntington Memorial Hall. The President being absent, Dr. F. W. Ragland presided. Not one of the officers for the year 1911-1912 being present, the reading of the minutes had to be dispensed with, and a new presiding officer elected. This condition occasioned the election of an entire new staff of officers.

The nomination being in order, Dr. C. M. Wilkerson's name was placed and elected President. Miss H. B. Marble was asked to act as Secretary for the meeting.

The President made a very interesting talk on "Success and Failures in the Drug Business" and the beneficial results obtained from attending meetings of the N. M. A.

### ELECTION OF OFFICERS

Dr. C. M. Wilkerson, President; Dr. F. W. Ragland, Secretary; Dr. H. B. Marble, Pharmaceutical Secretary.

The Pharmaceutical Section on motion adjourned to meet in Nashville, Tenn., August, 1913. Hope this to be the red letter year for attending pharmacists.

H. B. Marble,  
Pharmaceutical Secretary.

### AN APPEAL TO PHARMACISTS

It is hoped that pharmacists throughout the country will manifest an interest in the coming meeting of the N. M. A. to convene in Nashville, Tenn., August 26, 27, 28, 1913. The recent meeting held at Tuskegee Institute, was evidence of great lack of interest along this special branch of the N. M. A. The physicians, surgeons and dentists were present in large numbers, but the pharmacists were woefully lacking in attendance. There is a connecting link between physicians and pharmacists that should not be broken, but rather strengthened, and there is no better means of bringing about that union or co-operation than the affiliation with each other in the meetings of the N. M. A. New ideas are gained, and profitable experiences related that prove especially helpful to the pharmacist, and make these meetings well worth your attending. Let us begin preparing now to attend the next meeting August, 1913, Nashville, Tenn.

H. B. Marble,  
Pharmaceutical Secretary.

## OF INTEREST TO NURSES

BY MISS ELVIRA F. BECKETT  
PHILADELPHIA, PENNSYLVANIA

"Reading maketh a full man,  
Conference a ready man,  
Writing an exact man."  
Such has the National Medical Association Journal adopted as its motto, and such have many of the nurses become by the perusal of its pages. The Association has sent a number of subscribers, and hopes to send more from time to time.

The National Association of Colored Graduate Nurses held its Fifth Annual Convention in Richmond, Va., August 27, 28 and 29, as full of enthusiasm and possibly more so than ever. Each meeting of this excellent body of nurses sees new faces in its midst, who receive new inspiration in the work in which they are engaged. It is plain to be seen that this Association is not far behind similar organizations of other races, although somewhat younger in years. Very important questions that were discussed at this session of the convention are not yet settled in the older organizations. Examples of these are the "Pension Fund" and "Homes for Nurses." So it is not necessary to be discouraged if our plans seem immature. Subscriptions are now being taken for either purpose by Miss Florella Fordham, Secretary.

The convention as a whole was very instructive as well as entertaining. The papers appealed to the nurses, the one pertaining to nurses' homes in particular. Among the visitors to the convention was Dr. Catherine P. Hayden, Superintendent of St. Agnes Hospital, Raleigh, N. C., who gave a very interesting and instructive talk and also donated ten dollars towards the Nurses' Home Fund. The doctors of Richmond spared no effort in trying to make the nurses' visit pleasant. The banquet on the last night was royally conducted, and highly enjoyed and appreciated by all.

### OFFICERS FOR THE ENSUING YEAR

President, Miss M. F. Clarke, Richmond, Virginia; First Vice President, Miss E. M. Davis, Norfolk, Virginia; Second Vice President, Miss S. E. Christie, Chester, Pennsylvania; Recording Secretary, Miss Florella Fordham, Orangeburg, South Carolina; Corresponding Secretary, Mrs. C. S. Morgan, Richmond, Virginia; Treasurer, Mrs. M. R. Tucker, Philadelphia, Pennsylvania.

The Association meets in Norfolk, Virginia, August, 1913.

## PRESIDENT'S ADDRESS

For the past twelve months it has been my pleasure, pride and duty to be President of this our noble organization. I have not been unmindful of the responsibility, honor and obligations bestowed upon me by my sister nurses, hence in a feeble way, I have endeavored at all times to bear in mind the interests of the National Association of Graduate Nurses. Daily we find the appreciation of the services of the sympathetic, tender and conscientious trained nurse on the increase. This is true not only of the opposite race, but our own race is rapidly being educated to the use of the very best service and attention when sick.

The well trained, refined and dignified nurse is a teacher, adding to the world's knowledge, by giving to those with whom she comes in contact the best scientific, skillful and unselfish service. That is what the National Association of Colored Nurses represents, and from your presence here today and the splendid showing you are making, it can be seen that your various communities fully appreciate the capable service so faithfully rendered by you.

We are the beginners in the professional world of nursing but we are striving to add to the profession the very best material for the foundation, for if the Negro nurse must and will measure arms with those disciples of Florence Nightingale and attain the leadership of her own race, it must be through the very best training—and afterwards the best service rendered. We are in

the progressive age and every woman among us who is true to her calling, true to her alma mater and true to her race wants to go onward and upward, forward and not backward.

The science of nursing is constantly making rapid strides and already we find the demand is greater than the supply for our own nurses. No profession is so exposed to criticisms of all kinds as that of the nurse. The real nurse will take care that when she is criticised to let it be an unjust one. Few classes are as long-suffering, forbearing and as kind as the colored nurses. Tomorrow is rich with her possibilities for us, therefore let us take courage, and see to it that we are prepared to meet every issue as it arises. At this meeting our Association should lay some plan by which we shall lay hold on every graduate nurse in this country. The year just past I have personally conducted a campaign to secure for membership as many nurses as I could. I am glad to say my efforts have not been in vain as you will see. Everywhere there are more than seven nurses located there should be a local association. It was my pleasure in March of this year to meet Miss Lavinia L. Dock of New York and in conversation with her I found out that she was compiling the history of the nurses of the United States. She requested me to furnish her all the information I could glean about the work of the colored nurse in the South. After corresponding with every nurse and hospital I knew of,

I was able to send her a very creditable paper on the subject. The book will not go to press for some time yet, as the minutes of the International Council of Nurses of the World, which met in Koln, Germany the early part of this month, is to be encouched. It is to be hoped that every nurse will get one of these when they are published.

Let us encourage state registration of nurses from the best training schools in the country and discourage the same of nurses from inferior schools. The onward progress of our career is greatly hindered by the imposition of the inferior nurse who has just "a little learning" which "is a dangerous thing."

Let us protect ourselves, our schools, and our associations with an armour that cannot be pierced and from an endless chain of real nurses from the Atlantic to the Pacific and the Gulf to Canada, for already we have reached across the ocean and become international as well as national characters. I am sorry to say that some of the officers have not been able to give me any support this year, but I do hope that another year the officers will be able to aid the President more, as no one person can carry an institution. Each one must do her part and all will end well.

Thanking you for the honor conferred upon me as President for the past year and pledging you my support in the future as an humble member, I am,

Your humble servant,  
M. F. Clarke.

## PROGRAM

TUESDAY, AUGUST 27TH, 10 A. M.

Opening, "All Hail the Power of Jesus' Name."

Invocation, Rev. Z. D. Lewis, D. D.

Roll Call.

Minutes of last session.

Report of Corresponding Secretary, Mrs. C. S. Morgan.

Report of Treasurer, Mrs. M. R. Tucker.

Report of the Ways and Means Committee.

Address by the President, Miss M. F. Clarke.

Payment of Annual Dues and Registration.

Report of Chairman of Membership Committee, Miss E. P. Lewis.

Report of Committees.

Adjournment.

## TUESDAY AFTERNOON

Minutes of the morning session.

Address of Welcome, Prof. D. Webster Davis.

Response, Mrs. Francenia Holland, Philadelphia.

Paper, "General Nursing," Miss G. V. Williams, Superintendent of Richmond Hospital.

Discussion.

Paper, "Homes for Nurses," Mrs. W. A. Frazier, of Washington, D. C.

Discussion.

Appointment of Tellers. Balloting.

Mental Nursing, Mrs. Ada Franklin, Central State Hospital, Petersburg, Virginia.

Discussion.

Adjournment.

Evening: Reception by Alumni and Ladies' Auxiliary of Richmond Hospital.

WEDNESDAY, AUGUST 28TH, 10 A. M.

Hymn, "He Leadeth Me."

Invocation.

Minutes of the afternoon session.

Unfinished Business.

Report of Pension Fund, Miss C. S. Rhone.

Paper, "Special Nursing," Miss Clara Bolling, Washington, D. C.

Discussion.

Paper, "Chronic Nursing," Miss Bessie Hunter.

Discussion.

New Business.

Adjournment.

WEDNESDAY AFTERNOON

Minutes of the morning session.

Paper, "Nursing in America as a Profession," Miss E. Miller, Philadelphia.

Paper, "The Many-sided Life of a Nurse," Miss M. E. Baltimore, Harrisburg, Pennsylvania.

"Private Nursing vs. Institutional Work," Miss M. A. Sandusky, Jacksonville, Illinois.

Paper, "Overcoming Difficulties," Miss Ida B. Eason, Cappa-hoosic, Virginia.

Discussion.

"The Relationship of the Nurse to the Physician," Dr. W. H. Hughes, Richmond, Virginia.

THURSDAY, AUGUST 29TH, 10 A. M.

Hymn, "He Leadeth Me."

Invocation.

Minutes of the afternoon session.

Report of Correspondent for N. M. A. Journal.

Round Table Talk, The Mistakes of the Past and Outlook for the Future.

General Discussion.

Election of Officers.

Adjournment.

THURSDAY AFTERNOON

Minutes of the morning session.

Final Reports. Unfinished Business.

Installation of new officers, Dr. H. L. Harris, Sr.

Adjournment.

Reception and Dance by the Richmond Medical Society.

## TUBERCULOSIS HOSPITAL

Davidson County, Tennessee has built and equipped a Tuberculosis Hospital which is modern in all appointments. Equal provision is made for both races, though the colored people have been slow to accept its advantages.

At the invitation of the big-hearted mayor of Nashville the following members of the Rock City Academy of Medicine and Surgery went in a body on Sunday, October 13th to inspect the Hospital:

Drs. Reed, Hadley, McMillan, Bright, Lester, Roman, Hale, Gray: Elliott, Bandy, Faulkner, Townsend, Voorhees, Singleton, and Fisher.

The site is healthful and beautiful, being situated on a hill in the heart of a farming district about three miles from the City of Nashville.

The party went by autos through the courtesy of Drs. Townsend, Hale, Voorhees and Singleton.

## CURRENT MEDICAL THOUGHT

By U. GRANT DAILEY, M. D.

### \*A REVIEW OF THE ADVANCES IN MEDICINE AND SURGERY FOR THE YEAR 1912

#### INTRODUCTION

Modern surgery began with the discovery of anesthesia and took a colossal stride when the immortal Lister gave to the world antiseptis. Since these discoveries there have been no epochal advances, the growth of the sciences and art being rather by increments, smaller and smaller, participated in by workers throughout the civilized world. Following antiseptis came asepsis; then the closure of the abdomen in stages, the decreasing need of drainage, the use of buried sutures, the individualization of cases, the numerous studies in surgical physiology, etc. Nowadays the various fields filled with toilers are being thoroughly tilled, so that at first thought it would seem that there is little or no virgin soil left. Contributions to knowledge come in refinements and are soon welded into the mass of accumulated experiences which constitutes surgical science. In truth real contributions are few, comparable to grains of gold in the tons of more or less valueless ore. Contemporaneous literature is largely a collection of recorded experiences, in

corroboration or disapproval of what has already been said or done. Much of it is worthless. On the other hand, all knowledge is useful, and sometimes an insignificant discovery has later been correlated into other facts and has at last proved valuable.

This department of The Journal assumes the task of separating out from the jumble of recorded experiences as set forth in the chief medical and surgical publications of the world that which seems gold and presenting it for the use of its readers.

It has seemed best, from a practical standpoint, to treat the matter as follows:

#### 1. THE PROSPECTIVE SURGICAL PATIENT AND PRE-OPERATIVE TREATMENT

It may be confidently asserted that more attention is being given to this particular phase of surgical work in this country than abroad. Conditions here make it necessary that patients be looked upon as individuals seeking relief or cure of symptoms with minimum of risk to life rather than an instance of disease with added interest if the "case" comes to autopsy.

\*Continued from Vol. 4, No. 3

Not the least factor in the reduction of operative mortality is the pre-operative study and preparation of the surgical patient. Deservedly heavier emphasis is being put on this matter by surgical leaders. Daniel H. Williams has been particularly insistent on the necessity of the thorough study of the metabolic capabilities of the prospective operative risk as derived from the study of the urine.

In considering the subject, we shall make a distinction between elective and emergency operations.

Those in active surgery have experienced the tragedy of the patient in apparently perfect general health, walking into the hospital, operated on for benign tumor, interval appendix, tonsils, or hemorrhoids, and leaves in charge of the undertaker, amid the mournings and execrations (of surgery and surgeons) of relatives and friends. It is to reduce to a minimum the number of such occurrences, infrequent though they are, that so much thought and discussion are going on.

The year 1911 has seen the question brought to the highest refinement, and it may be believed that we are veritably approaching the "irreducible minimum."

Operative technic has been developed to such a high standard that the question narrows down to the ability of the patient to stand the anesthetic. The patient who is debilitated must be thoroughly built up. This statement is elementary, as is also the one that renal insufficiency, as detected by routine uri-

nal analysis, is a bar to selective operative procedure. It has long become the rule in hospitals that blood and urinalysis be made for all operative cases, therefore a discussion of these will be omitted.

The obese patient is the one on whom the experienced surgeon dislikes to operate. The Mayos advocate a dietetic regime for four to five weeks prior to operation, having for its purpose the reduction of fats.

It consists essentially in the practical exclusion of carbohydrates from the dietary for three to four weeks, and they claim in some instances a reduction of twenty-five to thirty pounds has been accomplished. Urine examinations must be made from time to time in order to detect any disturbances in carbohydrate metabolism. Acidosis is an especially dangerous condition in reference to anesthesia.

The sufficiency of the heart is of great importance, although it should be stated that a well compensated valvular lesion is not necessarily a contraindication to major operation under general anesthesia. Certainly in such cases an experienced anesthesiologist should be at the helm. Ether, or, as advised by some, gas-oxygen, should be the agent of choice. Ochsner believes that ether, properly administered, has an effect beneficial rather than detrimental in such cases.

## 2. ANESTHETICS

Local Anesthesia.—This year sees the latest anesthetic agent put to a thorough trial with the result that

it has not proved of great advantage over the older ones. While lacking the toxicity of cocain it is much slower in action and much less reliable in general than the latter agent. Moreover, it is liable to cause edema and sloughing, particularly if sutures are employed. The drug referred to is urea and quinin hydrochlorid.

Another of the many succedanea for cocain is alypin. This is claimed to be non-irritating and non-toxic, but clinical experience has shown that it is sometimes the producer of necrosis. Its principal field of usefulness is in intra-laryngeal work and in anesthetizing the urethra preparatory to the passage of the cystoscope or other large urethral instruments. B-Eucain, one-fourth as toxic as cocain, is still in favor with some surgeons, but this year finds its popularity on the wane. While it is only one-fourth as toxic as cocain, it is also just about one-fourth as powerful in its action as that agent. Novocain, tropococain, and a host of other synthetic substances may be dismissed with mere mention since they have not met with general favor. Ethyl chloride retains a place in spite of its feeble anesthetic properties.

The field of local anesthesia is being extended by many to include major operations, goiters, appendices, hernias and numerous other operations are being satisfactorily done without general anesthesia. It cannot be used for very nervous persons, does not permit thorough explorations, requires expertness of a very high order, and infection is more

likely to take place. The consensus of opinion among conservative surgeons is that its employment is to be reserved for emergencies in patients who are bad surgical risks, for ligating of arteries, as in bad cases of goiter.

**Electric Anesthesia.**—In the last decade, Louise G. Robinovitch, Roxeaux, Leduc, and others have been experimenting with the electric current in the hope of adding a safe and powerful means of anesthesia to our armamentarium. The work of these authors has shown that electric anesthesia is a possibility, but there is no promise that it will soon replace present methods.

**Spinal Anesthesia.**—Since the furore created by Jonnesco in his efforts to popularize spinal anesthesia has died out, the method is now scarcely heard of. There are limited indications for its use, however, notably in amputations for diabetic gangrene, and in other instances where general anesthesia is contraindicated.

**General Anesthesia.**—For the past decade, the amount of experimentation and discussion has been enormous and the list of articles pertaining to the subject would fill volumes. The upshot of the matter is that ether is the best all-round anesthetic. It is now commonplace knowledge that ether is less than one-tenth as dangerous as chloroform. The researches of various investigators have proved that this latter is capable of harmful effects many days after its administration. And yet chloroform will continue to be used for some time among

those who have had much experience in its use. Several English authors are still defending its employment, claiming that the agent is particularly dangerous only in inexperienced hands. Chloroform still enjoys favor with many practitioners in the South; they express themselves similarly to the English. It is not necessary to go into the relative merits of these agents. The reader will find a brief resume of the subject abstracted from an article by Bevan.

The A. C. E. mixture, anesthol (Willy Meyer), etc., have been abandoned in this country.

There is much difference of opinion in regard to the preliminary injection of atropin and morphin. Some oppose it on the ground that it masks the pupil, a most important indicator (Herb). Others favor it, claiming that it reduces fear and excitement, and lessens the amount of ether necessary. The weight of opinion seems to be in favor of this procedure in selected cases, especially those in which the nervous element is prominent, as in exophthalmic goiter (Ochsner). Very few of the surgeons are now using the morphin scopolomin combination in general surgery, although it still seems to have a place in obstetrics.

Crile (Surg. Gyn. Obstet., August, '11), however, rather favors scopolomine-morphin in selected cases. He lays stress on the capacity of this combination to produce a state of the individual in which he is neither brave nor cowardly—he is neutral. This reduces the possibility

of shock. He has coined a new name for this state, anoci-association.

There is no question but that fear causes physical deterioration. Experimentally it causes an increase in adrenalin, the output of glycogen, and inhibits the activity of the digestive apparatus. In rabbits repeatedly frightened, albumin and casts are sometimes produced. Although some of Criles' views may be considered extreme, there can be no doubt that the principles are sound and deserve clinical application.

Graham (Journal Infect. Dis., vol. 8, p. 147) has made an extensive study of the effect of ether anesthesia on bacteriolysis, agglutination, and phagocytosis. On the first two processes no appreciable effect was produced, but he found that the phagocytic power of the leucocyte was markedly lowered. The author felt justified in explaining the result on the theory of Overton and Myer that the narcotic properties of anesthetic drugs depend on their affinity for the lipoid substances (v Lipoids, p. —). Experiments were conducted with a view to determining the verity of this hypothesis. It was found that the injection of lecithin (a lipoid) that this reduction did not take place. Indeed, it was fully proved that the reduction in phagocytosis could be neutralized by the subsequent injection of lecithin. Experiments were made with olive oil and it was shown that that substance also restored the normal phagocytic power of the individual. The experiments were on rabbits and humans. The practical value of th

work is apparent. Many surgeons now make it a practice to leave a quantity of olive oil in the abdomen or in the rectum at the end of a prolonged ether anesthesia, especially if there is infection. Others have the patient ingest several ounces of the oil just before beginning anesthesia.

Rebreathing in anesthesia has, during this year, been the subject of considerable discussion. With chloroform its desirability has always been questioned. Until this year (1911), following the general adoption of the open method with ether, rebreathing has been in disfavor. Several authors (notably Gatch, J. A. M. A., Nov. 11, '11) have this year readvocalized its value. In summary, Gatch believes:

1. Rebreathing, when properly regulated, and when the oxygen supply is ample, is harmless and can be put to valuable use.

2. If we can prevent anoxemia, concentration of vapor, and too great depth of anesthesia, we can obviate the most serious objections to the closed methods of giving ether.

3. The process of rebreathing prevents the elimination of ether and chloroform by the lungs, and over-ventilation of the lungs hastens their elimination.

4. After administration of ether or chloroform over-ventilation may be brought by oxygen or carbon dioxid.

There has been much enlightenment matter written on the causes of sudden anesthetic deaths. Mal-administrations is the first and foremost cause. The best authorities

are agreed that status lymphaticus is no longer to be used as an explanation of sudden death in anesthesia. Yandell Henderson's presentation of the subject at 1911 meeting of the American Surgical Association is worthy of close study. The big point brought out in a paper is that cardiac death is more apt to occur with light, incomplete, and intermittent etherization, such as is usually performed when an inexperienced, and therefore timid, anesthetist has charge. Clinical observation certainly bears out this fact. Every one who has had occasion to observe many anesthetics presided over by individuals of different degrees of training, experience and carefulness can bear witness to the greater smoothness and freedom from collapse with the one who confidently puts the patient steadily to sleep, administering thereafter just enough to maintain surgical anesthesia.

**The Nurse as Anesthetist.**—Although in many of the larger clinics, specially trained nurses are used as anesthetists, there is a growing feeling that this extremely responsible position should be held by an "M. D."

Ethyl chloride and ethyl bromide have practically gone out of use as general anesthetics in this country.

**Rectal Anesthesia.**—This method, a priori, would seem to have possibilities in certain cases, as in operations about the mouth, but its adoption has been exceptional and not permanent. The following are its disadvantages: It requires five to twenty-five minutes to accomplish

complete anesthesia, the depth of anesthesia is difficult to control, consciousness is speedily regained upon the discontinuance of ether.

Intratracheal Anesthesia, worked up largely by Meltzer and his associates, and Elsberg, consists in the deep introduction into the trachea of a flexible elastic tube, the diameter of which is much smaller than the lumen of the trachea and the driving through the tube of a continuous stream of air which returns through the space between the tube and the walls of the trachea. The following advantages are claimed:

(1) It keeps up efficient respiration in cases where the normal mechanism of external respiration fails; (2) It efficiently overcomes difficulties presented by double pneumothorax; (3) Is a safe and reliable method; (4) No deaths from pneumonia followed experimentally even when anesthesia was prolonged for twelve hours; (5) Impossible to aspirate vomited material. On its face, it requires special training and lacks simplicity. The method is not likely to replace those at present used.

"The Ether Rausch, a Safe and Certain Method of Producing Brief General Complete Anesthesia with Ether," is the title of an article by W. T. Coughlin (J. A. M. A., July 1, '11). The method consists in simply crowding the ether at the start and rapidly operating while the patient is in the first stage of anesthesia, before the second stage of excitement appears. As soon as the work is done or nearly done the mask is re-

moved and the patient comes out. Under this anesthesia, joint adhesions may be broken up, open sinuses may be scraped, and abscesses opened. Although Dr. Coughlin states that he brought the idea over with him from Germany, the same procedure has been employed by resourceful practitioners probably since the earliest days of anesthesia, quite unconscious of any question of originality or priority.

### 3. PREPARATION OF THE OPERATIVE FIELD

Since the introduction of iodine as a sterilizing agent in surgery, the advance guard of the profession has abandoned the cumbersome and sloppy scrubbing of the field of operation. Everything tends to simplicity. Most operators now forbid the formerly practiced extensive scrubbing with soap and brush and bichloride. So far from preventing wound infection, it is probable that in many cases the older procedure even favored it.

Many surgeons are content to simply have the patient take the routine general bath, and after reaching the anesthetizing room but before the anesthetic is administered, the site of operation is washed with ether, and then a three and one-half per cent tincture of iodine is painted over an excessive area of skin. Some use benzine as a preliminary to iodine. Others employ alcohol and then ether. Others again paint the field with successive coats of iodine, the last being applied and allowed to dry just before beginning operation.

It must be remembered that iodine

is an irritant, especially to serous membrane, and therefore best never to permit intestines to directly touch the iodine treated skin. It is the practice of the reviewer to wipe off as much of the iodine as possible with alcohol just before beginning operative work. It is quite probable that unless precautions are taken iodine will increase the tendency to the formation of adhesions in abdominal work. So impressed have some authors been with this disadvantage of iodine, that there have been many substitutes proposed. Zablocowski (*Deutsche Med. Woch.*, March 2, '11, Abstr. *The Journal*, vol. 3, No. 4, p. 404) offers the alcohol tannin method, the technic of which is as follows: a five per cent solution of tannic acid in alcohol is applied to the hands for two minutes and to the field for one minute. The author made comparative tests and asserts that it is as efficient as iodine and lacks its disadvantages.

An agent which successfully competes with tincture of iodine in emergency crushing injuries of the extremities is common turpentine.

#### 4. GENERAL OPERATIVE TECHNIC

In spite of the trend in the direction of elaborating on the weighty, the novel, and the unusual in surgery, one may note a counter current toward giving more attention to minor details of operative technic. It is rather to be regretted that the latter tendency is not more pronounced.

Elementary as many of the points to be discussed may seem to some, their neglect makes the greatest difference in the results that would

have been obtained in an otherwise well performed operation. They often decide the future health or even the life of the surgical patient.

Delicacy in handling all tissues, but especially those covered or lined with endothelium, should become second nature. It is quite easy to lose sight of this injunction in the heat of work. It is an acquirement that comes only with experience, but its acquirement is enhanced by an accurate knowledge of the texture and the physiologic propensities of tissues. Many never attain this qualification, and we have all witnessed with what lack of respect some fairly experienced operators deal with abdominal organs. We are too apt to look upon post-operative unpleasantnesses and calamities as being to some extent inevitable, whereas a careful study of each case with the mind honestly open to all possible lapses of technic and judgment will in the vast majority of instances disclose a preventable cause of trouble.

The masters have taught us the increased possibility of shock when tissues are ligated in large masses, and especially if such masses contain many nerves. Except when great haste is paramount, it is more surgical to tie individual vessels and to cover raw surfaces with peritoneum.

The plastic surgery of the abdomen is a subject in itself. And no one should consider himself a thoroughly capable surgeon until he has fairly mastered this phase of abdominal surgery. Here again a well grounded knowledge of physiology is a sine

qua non. Clinical experience and animal experiment have combined in teaching certain principles, among which are: that the peritoneum has wonderful regenerative power; that the intact peritoneum is capable of putting up a decided resistance to infection; that the retro-peritoneal tissues resist the spread and absorption of infection; the immense importance of the omentum in preventing the diffusion of an infective process; the better union of peritoneal surfaces when sutured face to face than edge to edge. These principles underly our work in all pelvic surgery in intestinal anastomoses, and in dealing with all the infective processes, acute and chronic, in the abdomen.

Interesting in this connection is a recent contribution by Summers (*Surg. Gyn. Obst.*, Aug. '11). In the cases in which owing to extensive old adhesions it is impossible to cover all raw surfaces in the ordinary manner, this author sutures the mobile sigmoid in a lateral direction across the pelvis to the bladder, or to the uterus if this is preserved, so as to cover in the defect.

Inseparable from this subject is the very important one of the prevention of adhesions. All that has been said in regard to the autoplasmic covering of raw surfaces has for its main end and object the avoidance of this exceedingly troublesome after-complication. Prophylactic in nature is the advice to handle the peritoneal surfaces gently. Denuded peritoneum is the first requisite to the formation of adhesions.

R. T. Morris contributes an article on the use of sterilized animal membrane to the *American Journal of Obstetrics* for December, 1911, that will repay perusal. Cargile membrane, by which name the material is generally known, is obtained from the macerated bowel of the ox and consists essentially of the peritoneum and the subperitoneal connective tissue. The results he has seen lead him to believe that this membrane is the most effective means at our command to prevent adhesions. His technic is briefly as follows: The denuded areas are cleansed of all decomposable material, washed with normal saline solution, then dried, and sheets of membrane are placed, without suture, over the entire area.

Though not adaptable, on account of imperfect sterilization, to use in the closed abdomen, egg membranes have been used to cover denuded epithelial surfaces.

The Mayos smear sterile vaseline over raw surfaces.

It has recently been proposed to apply thick coatings of lanolin over surfaces where adhesions are likely to recur. Olive oil has for many years been employed for this purpose but it is now thought that the vegetable oils, being more rapidly absorbable, are inferior to the mineral oils like vaseline. Olive oil has a double reason for use, since we have learned that it neutralizes the effect of ether in reducing phagocytosis.

Plain normal salt solution is recommended (v. Yates, *Surg. Gyn. Obst.*, Nov., '11).

Hirschael (*Zeitschrift f. Chir.*, xxxviii, 1022, abstr. *The Journal*, vol. 5, No. 1) advocates ten per cent camphorated oil freely over the raw areas.

Lastly it may be mentioned that epinephrin (adrenalin) has been proposed, but there are few reports showing successful results.

#### 5. CLOSURE OF THE INCISION

The operation is far from being finished when the tumor is delivered and the appendix removed. It is exceedingly annoying to have an infected skin wound, and let it be said that it results as frequently from imperfections in the operative technique of the closure as from defects in asepsis. Some of these imperfections are: Too tight suturing, with defective hemostasis, and dead spaces; too tight suturing resulting in shutting out some of the circulation, with consequent lowered resistance of the parts; failure to ligate all of the important blood-vessels; failure to bring all homologous anatomical units into apposition.

The peritoneum should always be sutured by a broad face-to-face surface, and in such a manner that the sutures would be invisible from the internal aspect.

It is preferable to "imbricate" the fascia in all abdominal cases, especially if the incision be lengthy. The latter recommendation is, of course, with reference to the prevention of ventral hernia. The reader is referred to *The Journal*, vol. 4, no. 2, p. 168, where he will find the abstract of a valuable paper on this subject from the Mayo clinic.

#### 6. POST-OPERATIVE TREATMENT

While it is more than half true that, as remarked by Dr. Hunter of Lexington, when the patient leaves the operating table "the die is cast," there is yet room for the exercise of the highest type of skill and judgment in surgical after-treatment.

Simplicity should be the watchword. It is becoming more and more apparent that drugs have a very small place in the after-treatment of surgical patients.

The prophylaxis of shock should begin during the operation; doubtless this was the sense of the remark just quoted. We shall not here undertake to discuss in full the treatment of this condition. Epinephrin remains our staff. It should be injected directly into the muscles or intravenously. Emphasis should be laid on the fact that the normal salt solution has been much overworked. It is valuable to reduce thirst and to replace lost blood, but it is not effective in the treatment of surgical shock, per se, nor is it a cardiac stimulant. It should be given intravenously only when there has been an acute and marked loss of blood, and then with due caution, and mindful of its dangers and disadvantages. It is to be remembered that an impaired heart may be overwhelmed by the additional volume of fluid to be propelled. It has been shown that normal salt solution can produce a nephritis (Evans, *J. A. M. A.*, Dec. 30, '11). It is preferable, by far, to administer it by the "drop" method which fulfills ideally its indications.

Pope believes that in profound vasomotor shock venesection has a place. Strychnine is not of decided value; in fact, few now use it unless there was previous cardiac defect.

Pituitary extract is of late highly vaunted in shock; its value is not positively determined. There are at hand clinical results of excellent effects in the treatment of ileus.

Post-anesthetic nausea and vomiting are largely prevented or reduced to a minimum by skillful administration of the anesthetic. Chandler (S. G. O., Nov., '11, abstr The Journal, Jan.-Mar., '12) has found that by setting patients straight up after laparotomy, vomiting is largely avoided. The more progressive surgeons are ceasing to withhold water on the day of operation; it is found that although the first draught may produce emesis, the stomach thus emptied retains later ones, and one of the most acute discomforts of recently operated patients is minimized. Abundant fresh air is believed to be a potent factor in the reduction of post-anesthetic nausea and vomiting.

For the vomiting of gastric dilatation, the stomach tube is, in most cases, all-sufficient.

The pendulum of thought has swung back toward the legitimacy of the judicious employment of morphin for post-operative pain; aside from greatly enhancing the comfort of the patient, we have learned that pain is to be considered in causing shock. S. T. Pope discusses this matter interestingly (J. A. M. A. October 21, '11).

Of enemas, the alum, the combination enema retain first place.

The inutility of the colon tube has been pretty thoroughly demonstrated.

The time of arising after operation is an individual matter. The general trend of opinion is that in the past we kept our patients in bed unnecessarily long. It is, however, not well to sweep into an extreme position in this point.

#### 7. NON-OPERATIVE TREATMENT OF CERTAIN SURGICAL AND NEAR SURGICAL CONDITIONS

##### (a) VACCINES

These are indicated principally in staphylococcus and streptococcus infections. The matter has been touched upon under Therapeutics.

In the acute pelvic infections, the gonococcus and the colon vaccines have been employed with a degree of success. Very often it has been recommended that the colon vaccine be tried in acute catarrhal appendicitis.

##### (b) BISMUTH PASTE

In the four years that have elapsed since Beck announced to the profession that bismuth paste is capable of curing many chronic sinuses, the method has been put to thorough trial. And while many surgeons have failed to become impressed with its virtues it has certainly established for itself a definite place in therapeutics. As a result of clinical tests throughout the world, it has been proved that while not all sinuses are amenable to cure by its employment alone, there is a large proportion which are so with proper technic as

emphasized by the Becks, often saving operative procedure, indeed sometimes being efficient where the knife has failed. In some cases as in chronic osteomyelitis, Carl Beck (S. G. O., Nov. '11) advises the paste in conjunction with surgical procedures.

Soon after the paste was introduced, reports of toxic action began to come in. In some it was due to the presence of As as an impurity in the bismuth. In many others, however, the symptoms were those of nitrite poisoning, and occurred usually, though not always, when large cavities, as the pleura, were injected.

Consequent to the knowledge of the disadvantages of bismuth, a harmless substitute has been sought. Mitchell (J. A. M. A., July 27, '11), as a result of a satisfactory experience with equal parts of chalk and petrolatum, thinks he has found such an agent. He believes that chalk is not only harmless, but has greater chemical action, and is therefore more efficient, due to the contained calcium.

#### (c) ADRENALIN AND TUMORS

Reicher (abstr. Ther. Gaz., July '11, p. 499) reports favorable results with the use of adrenalin in experimental carcinoma and sarcoma in mice, injections into the growth in some causing complete disappearance. Attempt has been made to extend its use to inoperable tumors in humans; in the few cases in which it was tried some lessening of rate of growth was noted, but the results were on the whole not flattering.

#### (d) RADIUM AND RADIO-ACTIVITY

Numerous articles, especially in the British literature, have appeared anent the potency of radium in arresting the spread of inoperable malignant tumors. The prohibitive cost of this substance makes its general employment out of the question, but there are a number of chemicals thought to have radio-active properties which have been proposed for use in its stead. Thus Churchward (Lancet, March 11, '11) brings forward calcio phosphate of uranium as an efficient, simple, and inexpensive agent for the treatment of rodent ulcer. The mineral is allowed to remain on lint over the ulcer for three hours a day for a week, after which time the exposure may be increased to four or five hours. He finds this substance has great radio-activity.

#### 8. MISCELLANEOUS ADVANCED IDEAS IN SURGERY AND GYNECOLOGY AS GATHERED AT RANDOM FROM THE LITERATURE OF 1911.

In the diagnosis of upper abdominal disease, careful study of the history is of paramount importance.

Disease of the pancreas is to be thought of more and more in considering obscure abdominal symptomatology.

Gallstones invariably produce symptoms sometime in the history, although they may have been so slight or indefinite as to have been overlooked. (See "Innocent Gallstones a Myth," W. J. Mayo, April 8, '11.)

The frequent coexistence of gall-bladder disease, pancreatic disease,

and appendix disease amounts almost to a pathological link in the light of experience.

Appendicitis should always be definitely excluded when there is any unaccountable febrile movement during pregnancy, since the symptoms are apt to be masked in these circumstances. (v. extension discussion of this relationship by Schmid, *Mitteil. aus den Grenzgeb. der Med. u. Surg.*, '11.)

Many female patients date their first gallstone attack from a pregnancy.

The gallbladder should be preserved for purposes of drainage in every possible case.

Every laparotomy is to a certain extent exploratory.

Intestinal diverticulitis, especially of the sigmoid, is a recent addition to abdominal clinical entities. The patients are most often males past 50, and the pain and tenderness localize in the left iliac region.

Exploratory puncture of the pleura is not free from danger (v. Dayton, *S. G. O.*, Dec., '11).

Kinks in the lower ileum and membranous pericolicitis are common in cases presenting symptoms of chronic appendicitis, and the removal of these conditions has been followed by permanent relief, in some cases in which appendectomy was not followed by improvement (see Lane *Brit. Med. Jour.*, April 22, '11, and Connell, *Surg. Gyn. Obst.*, Nov., '11). It should be thoroughly understood that these kinks and membranes are not inflammatory in nature but result from ptosis of the cecum.

Evidence is increasing to show that there is definite relationship between uterine fibromyomata and myocardial disease.

#### 9. ON CONSERVING THE OVARY IN PELVIC SURGERY—A SUMMARY.

1. Ovaries, the seat of small cysts, may give no appreciable symptoms, and had best be let alone. They should not be resected nor even punctured.

2. The greatest care and delicacy should be exercised in suturing the ovary.

3. A conserved ovary, if unhealthy, will leave the patient mentally, nervously, and physically worse than if a total extirpation had been done.

4. If the patient is approaching or has passed the menopause, total ablation gives the best results.

5. Every possible effort should be made to preserve one or both ovaries up to middle age.

6. Symptoms of operative menopause are less after extirpation for pelvic inflammation than when the ablation is done for "fibroid" (Polak).

7. The corpus luteum is the active principle of the ovary and its extract is of some value in neutralizing the effects of artificial menopause. Its galactagogue properties have been mentioned.

#### D. OESTETRICS AND PEDIATRICS

##### SUMMARY OF ADVANCES

In the treatment of puerperal infection, H. M. Stowe recommends the injection of mercury bichloride. (See abstract *The Journal*, January-March, '12.)

Conservatism has won the day with reference to the management of localized puerperal pelvic exudates, it being now recognized that the vast majority of these clear up under expectant treatment.

Douches in the puerperium are frowned upon by the most advanced obstetricians. The intrauterine douche has the very narrowest of indications.

Some authorities (viz., Wright, abstr. The Journal, January-March, '12, p. 80) believe to be good practice to induce labor in cases going as much as two weeks overtime.

The relationship of pregnancy with gallstones, and with appendicitis has been referred to under Surgery and Gynecology.

Congenital pyloric stenosis has been thoroughly studied and brought into the realm of successful surgery during this year.

Albumin milk is a valuable addition to our means of combating the disorders of infant feeding.

Injection of serum has demonstrated the efficacy in the treatment of hemorrhagic disease in the new born. The diphtheria antitoxin is the most easily available form for practical use, but rabbit serum and that of other animals has been successfully employed. Better results still are obtained by actual transfusion. (See Lespinasse, Surg. Gyn. Obst., '11.)

Cumberlege advocates the administration of diphtheria antitoxin by mouth.

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The editors acknowledge receipt of invitation to be present at the dedication of the Lane Medical Library of the Leland Stanford Junior University, San Francisco, California, Sunday, November 3, 1912, and regret very much their inability to be present. The program was as follows: Opening Prayer, Rev. Bradford Leavitt; Historical Review, Dr. Emmett Rixford; Address by President of the Trustees, Mr. Timothy Hopkins; Address by President of the University, Dr. David Starr Jordan; Benediction, Rev. Bradford Leavitt.

New York Skin and Cancer Hospital, Second Avenue, corner Nineteenth Street. The Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a fourteenth series of Clinical Lectures on Diseases of the Skin, in the outpatient hall of the hospital on Wednesday afternoons from October 30th to December 18th, 1912, at four-fifteen o'clock.

The course will be free to the medical profession on the presentation of their professional cards.

Charles C. Marshall,  
Chairman of Executive Committee.

## ITEMS OF INTEREST

Sworn statement of the ownership, management, circulation, etc., of the Journal of the National Medical Association, published quarterly at Tuskegee Institute, Alabama, required by Act of August 24, 1912:

Editor, C. V. Roman, M. D., Nashville, Tennessee; Managing Editor, J. A. Kenney, M. D., Tuskegee Institute, Alabama; Business Manager, J. A. Kenney, M. D., Tuskegee Institute, Alabama; Publisher, J. A. Kenney, M. D., Tuskegee Institute, Alabama; Owners, The National Medical Association.

(Signed) J. A. KENNEY,  
Managing Editor.

Subscribed and sworn to before me, this Fourteenth day of November, 1912. WARREN LOGAN,  
Notary Public.

Dr. Charles H. Marshall is the new member of the Board of Education selected by the judges of the Supreme Court of the District of Columbia. Dr. Marshall is president of Howard University Alumni Association; member of the Board of Censors of the Medico-Chirurgical Society of the District of Columbia; member of the Executive Board of the National Medical Association; member of the International Tuberculosis Congress at Washington, 1908; member of the Staff of Freedmen's Hospital, and assistant in Clinical Gynecology in Howard

University Medical College; deacon of the Nineteenth Street Baptist Church, and chief of the staff of the Free Dispensary of said church.—S. W. C. Advocate.

The twenty-sixth annual session of the Lone Star Medical, Dental, and Pharmaceutical Association was held in Waco, Texas, beginning November 6, 1912. The officers of this Association are: H. E. Lee, M. D., President, Houston; W. A. Willis, D. D. S., First Vice President, Galveston; D. V. Hooper, Ph. C., Third Vice-President, Dallas; Miss A. E. Hughs, Ph. C., Treasurer, Clarksville; R. B. Barnes, A. M., M. D., Secretary, Cleburne.

The American Surgical Association has appointed a committee consisting of Drs. William L. Estes, South Bethlehem, Pa.; Thomas W. Huntington, San Francisco, California; John B. Walker, New York City; Edward Martin, Philadelphia; and John B. Roberts, Chairman, 313 S. Seventeenth Street, Philadelphia, to report on the operative and non-operative of closed and open fractures of the Long Bones and the value of radiography in the study of these injuries. Surgeons who have published papers relating to this subject within the last ten years, will confer a favor by sending two reprints to the chairman of the com-

mittee. If no reprints are available, the titles and places of their publication are desired.

John B. Roberts, Chairman, 313 S. 17th Street, Philadelphia.

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Preparations are being actively made for the dedication of the John A. Andrew Memorial Hospital, Tuskegee Institute, Alabama, February 23, 1913. At this time the Trustees of the school, together with a large number of visitors from New York, Boston, Chicago and other places, are expected to be present.

A clinic, medical and surgical, rivaling in importance the one held at Tuskegee Institute Hospital at the meeting of the National Medical Association, August, 1912, is planned.

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"I trust that you may have a profitable meeting. I enclose check for \$5.00. Please pay my dues and apply the balance to Journal. Just received a copy. It is just fine; an inspiration to the profession; seems like a personal friend who is sympathizing with a struggling Negro physician.

A. M. Moore, M. D., Durham, N. C."

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"Both in my practice in New York City and particularly during the summer when I am located at Richfield Springs, N. Y., a resort where thousands of rheumatic and gouty patients take the Sulphur Baths, I have prescribed Tongaline extensively and it has always proved most satisfactory.

"I would state that owing to the care and skill used in its manufacture, as also because it is always uniform and is well borne by the stomach, Tongaline stands foremost among the ready-made prescriptions for rheumatism, neuralgia, grippe, gout, etc. Besides the conscientious practitioner hesitates about having such a complicated prescription as Tongaline prepared by a pharmacist, because even if the latter had fresh and pure ingredients, he has not the facilities to compound them properly nor could he do so in any reasonable time."

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In order further to popularize the demand for BACTERINS—(Bacterial Vaccines), and enable physicians to make more general use of these products, we call attention to the downward revision of prices on Mulford Bacterins, effective August 5th.

The Mulford Bacterins are in every case

"polyvalent," which means that the bacteria contained in a Bacterin, although of the same species, are obtained from many different sources. For instance, Strepto-Bacterin is polyvalent, the bacteria used for its preparation are all streptococci and are isolated from different patients suffering with streptococcic infections among which may be mentioned puerperal sepsis, general septicemia, erysipelas, tonsillitis, empyema, cellulitis, etc.

A number of the Mulford Bacterins are "mixed," by which is meant that they contain the various bacterial species generally present in a mixed infection. For instance, the mixed Vaccine of chronic gonorrheal infections, besides the gonococcus, contains various staphylococci, colon bacilli streptococci, and other organisms isolated from cases of chronic urethritis and prostatitis.

In some cases, diseases from their inception are due to mixed infections, while in many others the infection becomes a mixed one as the disease develops. Past experience and results have fully established the advantages claimed for these "polyvalent" and "mixed Bacterins."

## SOCIETY AND PERSONAL

By DR. W. G. ALEXANDER  
14 WEBSTER PLACE, ORANGE, N. J.

(All news items, personals and society reports should be sent direct to the Associate Editor, who welcomes the receipt of all desirable matter. The interest and value of this department may be greatly increased if secretaries of societies will regularly send in reports of the meetings of their organizations.)

On Tuesday evening, September 17, 1912, the Dallas Negro Medical Association at its monthly meeting gave a smoker in honor of Dr. C. V. Roman, professor of diseases of the eye, ear, nose and throat, Meharry Medical College, Nashville, Tennessee.

Dr. J. T. Welch, president of the Association, in calling the meeting to order stated that the regular program would be dispensed with, and instead Dr. Roman would give an address. He felt that while the mission of the Doctor to Dallas was a sad one, the Association would be doing itself an injustice if it did not take this occasion to honor the eminent specialist, and also get a chance to absorb some of his wisdom and knowledge.

Dr. Roman, upon being introduced, complimented the Association on its good attendance and on the good feeling and fellowship that appeared to exist among its members. He took for his subject, "The Self-Sufficiency of Negro Medical Men." He said in part, "I mean by this gentlemen, that the men and women of our race in the profession should so prepare themselves, and become so proficient along different lines, that it would not be necessary to go

to any other race to get the final word on any medical question. In Dallas where there are fourteen physicians, there should be one so proficient in G. U. work that when he rendered an opinion in that field, it would be accepted as final. The same should be true of surgery, gynecology, obstetrics, nervous diseases, etc.

"At this time when so much that is detrimental to the Negro is being published in regards to his physical make up, his tendencies, hereditary and acquired, there should be men in the race and of our own profession, who, by virtue of their training and careful original investigation, could produce facts and figures to refute our detractors."

In concluding his address, the Doctor spoke of the aims and purposes of the National Medical Association and of the National Journal. He urged upon each one present importance of becoming members of the Association, and of subscribing for the Journal and contributing original articles to the same. He gave a glowing report of the 1912 meeting of the Association.

The address was received with close attention and was applauded throughout; and after its close the

members expressed approval of the views set forth by Dr. Roman, and on motion, a vote of thanks was tendered him on his timely remarks. Later during the evening, Dr. B. R. Bluitt presented the following resolutions, which on motion were unanimously adopted:

Whereas, Dr. C. V. Roman successfully practiced medicine in this city for a number of years, and had the respect and confidence of the profession and of the people, and

Whereas, we feel the need of a first-class specialist of our own race in his line in Dallas, and feel, further, that with his ability he can build up a well paying practice here; therefore be it

Resolved by this Association, that we extend to Dr. Roman the invitation to return to Dallas, and do hereby pledge him our undivided support in case he should do so.

Dr. Roman was deeply touched by this expression of esteem and confidence on the part of the members of the Association, and stated that if at any time in the future he deemed it wise to make a change in his field of labor Dallas would be given first consideration.

The following members of the Association were present: J. H. Dodd, M. D., B. R. Bluitt, M. D., R. T. Hamilton, M. D., P. M. Sunday, M. D., F. J. Hawkins, M. D., F. M. Brooks, M. D., M. H. Leach, M. D., G. W. White, D. D. S., M. P. Penn, M. D., A. L. Runyan, M. D., A. H. Dyson, D. D. S., J. T. Welch, M. D., D. W. Shields, M. D., M. C. Cooper, D. D. S., J. C. Wade, M. D., W. R. McMillan, M. D.

## BOOK REVIEW

### \*THE NEGRO IN MEDICINE

Has been the theme of a good many pens but has been seldom so interestingly and delicately touched upon as in the beautiful brochure just issued under that title.

Reader, you should put a copy in your library at once. For sale by the author.

\*The Negro in Medicine by John A. Kenney, M. D., Tuskegee Institute, Alabama. Price \$ .50 per copy.

### \*THE NEGRO YEAR BOOK

Is a daring venture into a new field and should be encouraged. Any

effort to make available the facts concerning the activities of the race is praiseworthy. The race needs some counter-force to the persistent and popular tendency to exaggerate its frailties.

Not only is the work to be commended as a venture into new territory, but the author is to be congratulated upon the excellent showing he has made. The work is worth many times the modest price asked.

\*The Year Book Co., Tuskegee Institute, Alabama. Price \$ .25.

# POST-GRADUATE DEPARTMENT

By U. GRANT DAILEY, M. D.

## STATE BOARD QUESTIONS AND ANSWERS

### ANATOMY AND PHYSIOLOGY

1. How does the digestive food enter the circulation?

Answer: Through the lacteals (lymphatics) and capillary blood-vessels.

2. What substances are absorbed principally (a) in the stomach and (b) the duodenum?

Answer: In the stomach: alcohol, salt solution, and, to a less degree, albumoses and peptones. In the duodenum: carbohydrates, fats, albumoses and peptones glucose, water and salts.

3. What bones form the orbital cavities?

Answer: The frontal, ethmoid, lachrymal, superior maxillary, palate, sphenoid and malar.

4. Give origin, insertion, action and nerve supply of the semi-tendinosus.

Answer: Origin, from a common tendon, together with the long head of the biceps, from the tuberosity of the ischium; insertion, into the inner and upper part of the shaft of the tibia; action, rotates the leg inward; nerve supply, the great sciatic.

5. Describe the endocardium.

Answer: A thin membrane li-

ning the internal surface of the heart; it assists in forming the valves by its reduplications, and is continuous with the intima of the vessels. It is smooth and transparent and covered with a single layer of endothelial cells.

6. What blood-vessels pass to and from the liver?

Answer: The hepatic artery and portal vein, and, in the foetus, the umbilical artery, carry blood to the liver; the organ is drained by the hepatic veins.

7. What cranial nerve has the widest distribution?

Answer: The Pneumogastric (Vagus or Tenth Nerve).

8. What portion of the bladder is uncovered by peritoneum?

Answer: The anterior wall, which is separated from the symphysis pubis by the perivesical space (Cavum Retzii) and the base of the bladder.

9. What is the physiologic function of the liver?

Answer:

1. Formation of bile.

2. Formation of glycogen and fat.

3. Formation of urea, uric acid and attendant by-products.

4. Decomposition of red blood-cells and hemoglobin.

5. Destruction of certain poisons.

10. Describe the relation of the deep epigastric artery to the internal abdominal ring.

Answer: The artery descends to reach Poupart's Ligament, then ascends obliquely along the inner margin of the internal abdominal ring and passes upward in the abdominal wall between the transversalis fascia and the peritoneum.

#### PRACTICE OF MEDICINE

1. Differentiate inguinal hernia from enlarged inguinal gland.

Answer: In inguinal hernia there will be an impulse on coughing, it may be reducible; percussion will give a clear note if the hernia contains intestine, and it will feel like intestine or omentum (knotty).

Enlarged inguinal gland; no impulse on coughing; will not be reducible; dull on percussion, and is hard and well defined.

2. What is meant by ptomaine poisoning? Give some of the varieties and the general symptoms in these cases.

Answer: By ptomaine poisoning is meant poisoning by means of ptomaines through the medium of the intestinal canal. The chief poisonous ptomaines are: tyrotoxin, mytilotoxin, cholin, neurin, neuridin, putrescin, cadaverin, gadinin, muscarin, tetanin and typhotoxin.

The general symptoms of ptomaine poisoning are: onset in less than twenty-four hours after the ingestion of the noxious food, dullness, vertigo, headache, thirst, abdominal pains, nausea, vomiting, diarrhea, cyanosis, rapid pulse, cutaneous

eruption, sometimes subnormal temperature, and at times convulsions.

3. Define arteriosclerosis. Give its etiology and state the age at which it is most liable to occur.

Answer: Arteriosclerosis is a condition in which the walls of an artery, especially the intima, become hard, dry and thickened. Etiology: syphilis, alcoholism, gout, Bright's Disease, over-eating and excessive muscular activity. It is most liable to occur in old age.

4. In what class of diseases is general aching a pronounced symptom?

Answer: In some of the acute infectious fevers, such as, influenza, dengue, and small-pox. It may also be present in tonsillitis, rheumatism and syphilis; also in poisoning by lead or mercury.

5. Give the physical signs of the second stage of acute lobar pneumonia.

Answer: Great increase of fremitus and vocal resonance; dullness or flatness on percussion; bronchial breathing with a few moist subcrepitant rales, due to associated bronchitis.

6. What remedies should be used to control hemorrhage from mucous surface?

Answer: Opium, ergot, suprarenal gland preparations.

7. Mention the most reliable remedy for pulmonary hemorrhage.

Answer: A hypodermic injection of morphine, one-fourth grain.

8. Describe the treatment for acute pericarditis.

Answer: Treatment of the primary disease: ice bag or cold coil over precordia to steady the heart's action. Cupping or leaches may give relief at the beginning. When effusion is present, blisters to the precordia. A purge every other day if the patient's strength permits; iodide of potassium; light dry diet. Large effusions may necessitate paracentesis.

9. Describe the treatment of hydrothorax.

Answer: Saline purges and diuretics, with diaphoresis if not contraindicated by the general condition. If these fail, aspiration, repeated if necessary.

10. What are the ordinary age limits for typhoid fever, and what conditions are essential to its production?

Answer: The age at which enteric fever most frequently occurs is from fifteen to thirty. The disease is caused by the ingestion of water or food infected with Eberth's *Bacillus Typhosis*, due to contamination of the water supply with sewage.

#### SURGERY AND GYNECOLOGY

1. What is the differential diagnosis between septicemia and pyemia?

Answer: Pyemia is septicemia plus metastatic abscesses. The diagnosis of pyemia is based on the presence of symptoms of abscesses.

2. Describe a dissecting aneurysm.

Answer: A dissecting aneurysm is one in which the blood breaks through the intima and burrows its way between the coats of the artery;

the sac of the aneurysm is formed within the wall of the vessel.

3. With what conditions may aneurysm be confounded.

Answer: Abscesses, tumors or cysts situated over a vessel; pulsating bone tumors; a large growth under a vessel.

4. How can the danger of ankylosis be averted after injury to a joint?

Answer: By rest and the early employment of massage and passive motion.

5. What are steps in the ligation of arteries?

Answer: Incision, dividing the skin and superficial fascia at an angle of about five degrees to the course of the artery; division of the deep fascia; recognition of the muscular or bony guide and the location of the vessel by its pulsation; opening of the sheath; passage of the aneurysm needle; tying of the ligature and closure of the wound.

6. What symptoms follow division of the facial nerve outside of the skull?

Answer: Paralysis of the same side of the face without implication of the palate or uvula. The paralyzed side of the face is immobile, devoid of expression, and the natural folds and wrinkles are obscured. The eyelids cannot be completely closed, the eyeball rolling upward and outward when forcible closure is attempted. Epiphora is present from the dropping of the lower lid. The lips cannot be firmly closed, and whistling is impossible. If attempts are made to move the face,

marked asymmetry is produced, the face being drawn toward the non-paralyzed side. Owing to the paralysis of the buccinator, food collects between the teeth and the cheek.

7. Give the size, weight and location of a normal virgin uterus.

Answer: Three inches in length, one and a half to two inches in breadth and about one inch in thickness. It weighs from seven to eight drachms. It is situated in the pelvis, between the bladder and the rectum.

8. What changes take place in the female at puberty?

Answer: Menstruation appears; ovulation is established; the breasts develop; hair appears above the pubis; the sexual feeling develops and the pelvis widens.

9. Give the causes, symptoms and treatment of antiflexion of the uterus.

Answer: Pathologic degrees of antiflexion are due to a lack of development of the organ. The symptoms are painful menstruation, the suffering beginning just before the flow makes its appearance. The flow is accompanied by the passage of clots. After the flow is well established, the pain becomes much less. Sterility is also sometimes due to antiflexion. The treatment consists in thorough dilation of the cervical canal, together with a curettement.

10. What are the most frequent etiologic factors in pelvic peritonitis?

Answer: It is most often secondary to salpingitis. It may follow ovarian inflammation, cellulitis,

septic cystitis, metritis, perforation of the uterus, perityphlitis, or appendicitis.

#### OBSTETRICS AND PEDIATRICS

1. What are the most serious complications met with in breech presentations?

Answer: Extension of the head or of the arms over the head; compression of the umbilical cord; premature respiration of the child; the child may also suffer from paralysis, hemorrhage, fracture or dislocation.

2. Define presentation and position.

Answer: By presentation is meant the part of the fetus which presents at the pelvic brim; examples: vertex, breech, face, etc. By position is meant the relation between a point on the fetus and a point on the maternal pelvis; examples: in a vertex presentation the position may be, (1) left occipito-anterior, (2) right occipito-posterior, (3) right occipito-anterior, (4) left occipito-posterior.

3. What is meant by a dry birth? Give management of a rigid os uteri in labor.

Answer: A dry birth is a labor in which the membranes have ruptured prematurely and the liquor amnii has escaped before the cervix was dilated.

The management of a rigid os uteri consists in the administration of chloral hydrate, grains fifteen, three doses being given at intervals of about twenty or thirty minutes; hot vaginal douches directed against the anterior lip of the os; if these methods do not suffice, it may be

necessary to give an anaesthetic, forcibly dilate the cervix and deliver by forceps; the cervical laceration, if any, must be repaired.

4. When would you repair a lacerated perineum? What is the principal muscle torn in this condition?

Answer: The perineum should be repaired, if possible, immediately after labor or within twenty-four hours. The transversus perinei is the principal muscle torn.

5. Describe in detail the certain signs of pregnancy.

Answer: The certain signs of pregnancy are, first, hearing the fetal heart sound; second, active movements of the fetus; third, ballottement; fourth, outlining the fetus in whole or part by palpation, and fifth, the umbilical souffle.

6. What is the appearance, weight, etc., of a fetus of the fifth month?

Answer: At the fifth month the fetus weighs about eight to ten ounces and is about nine or ten inches in length. The head is about one third of the total length; and the liver, heart, and kidneys are disproportionately large; vernix caseosa is present; lanugo, hair and nails also appear.

7. Give the principal causes of infantile convulsions.

Answer: Overeating, especially of indigestible food; rachitis, debility from exhausting diarrheal diseases; high fever especially at the onset of the acute specific infections, very seldom dentition, phimosis; and acute middle ear inflammation, meningitis

and tumor of the brain; rarely of spinal cord disease. (From Butler's *Diagnostics of Internal Medicine*.)

8. What is pasteurization?

Answer: The heating of milk to the temperature of sixty-five degrees Centigrade from fifteen to thirty minutes.

9. What ingredient gives the most trouble in feeding? Give its indications.

Answer: The proteid. Indications of this are, colic, constipation, presence of curds in the passages.

10. What is the usual period for quickening to occur?

Answer: About the fifth month of gestation.

#### MISCELLANEOUS

1. Name several drugs that cause visions.

Answer: *Cannabis indica*, alcohol, belladonna, conium, lobelia and potassium bromide.

2. Describe the treatment of night sweats.

Answer: Night sweats may be controlled by atropin sulphate, one one-hundredth grain to one-sixtieth grain; camphoric acid, five to twenty grains; agaricin, one to two grains; or by sponging at bedtime with dilute acetic acid. As they represent an effort at elimination, they should not be checked except for good reasons.

3. What vessels are most commonly involved in cerebral hemorrhage? In cerebral embolus?

Answer: The branches of the middle meningeal artery that supply the internal capsule, striate body and optic thalamus, especially the lenticular striate artery.

The artery of the sylvian fissure, less frequently, the anterior cerebral artery.

#### TO PREVENT THE BITING OF INSECTS

Neal writes to the China Medical Journal for March, 1912, that he has found the following procedure very useful:

Take one ounce of epsom salt and dissolve it in one pint of water, wet a bath cloth so that it will not drip and rub the body well all over, and not wipe afterward but dress, and flies, gnats, fleas, bedbugs, mosquitoes, etc., will never touch you. If one is exposed more than usual, being near water or in a forest, then make a somewhat stronger solution, wet a cloth and rub the face, neck, ears and hands well—do not wipe, but allow it to dry; it will leave a fine powder over the surface that the most bloodthirsty insect will not attack. Besides, the solution is healing and cleansing; it will heal the bites, subdue the consequent inflammation, and cure many diseases of the skin.

#### FOR NOCTURNAL ENURESIS

Taka-diastase in doses from two to six grains three times a day has been used with much success. (Abstracted from Pediatrics, October, 1911.)

A mixture of equal parts of salol and borax given in small quantity at night sometimes is effective.

#### THE SAFEST AND BEST LOCAL ANÆSTHETIC IN RECTAL SURGERY

Eucaïn is one-half as toxic as cocaine. Quinine and urea hydrochloride is the safest and best local an-

aesthetic in rectal surgery. (Abstracted from Therapeutic Notes, September, 1912.)

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The secretaries of state and local societies are earnestly requested to send to the Associate Editor the names and addresses of their officers.

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By JOHN A. KENNEY, M. D.

TUSKEGEE INSTITUTE, ALA.

A booklet of sixty pages, in addition to thirty-two half-tone portraits, etc. A lucid description of what the Negro has been able to accomplish in Medicine and Surgery. In combination with the Journal, or by subscription Price \$ .50 per copy. With Journal National Medical Association, \$1.25.

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Dear Dr. Kenney:

Your book, "The Negro in Medicine," received and carefully read. I think it is very fine, and shall do everything I can to get subscribers for you in North Carolina.

Yours truly,

(Signed) J. W. Jones, M. D., Winston-Salem, N. C.

Dear Doctor:

I beg leave to acknowledge with thanks the receipt of a copy of "The Negro in Medicine." I am well pleased with it and congratulate you upon having gotten it out.

The Negro medical profession is deeply indebted to you for this work, as it places it before the reading public in the most favorable light, which it so well deserves. I feel that in these days when so much that is discreditable is being published about the race, a work like yours is indeed timely and will do our people incalculable good. See to it that it falls into the hands of as many white editors and reviewers as possible.

Very respectfully,

(Signed) R. T. Hamilton, M. D., Dallas, Texas.

I am delighted to see the book which you have gotten out on "The Negro in Medicine." It is a very creditable piece of work and I am sure will accomplish good.

(Signed) Booker T. Washington,

Tuskegee Institute, Alabama.

My Dear Doctor Kenney:

Without doubt your work on "The Negro in Medicine" is the very best and only comprehensive work that I have ever seen. It will find its way into every library in the United States. It is the pioneer collation and presentment of the work of a new people in an old field. It shows the light and glory of opportunity—it shows the vanguard easing on to greater and full development. The men of work, serious work, patience and endurance are in this century to go to the front—not as colored men, but men of the

world's best thought and work. It is inspiring—I see so much in your little book which encourages us all.

Yours sincerely,

(Signed) Daniel H. Williams, Chicago, Illinois.

Dear Doctor:

Have just finished reading "The Negro in Medicine." A very interesting brochure indeed. It is certainly worthy a place in every intelligent Negro's library. It should receive a wide circulation. Author and printer are both to be congratulated. The dedication is particularly felicitous. As a fellow worker, I wish to thank you for having done a real service to your profession and race. What to include and what to exclude, in a work of that kind, is always a serious problem; you have met it admirably.

Cordially yours,

(Signed:) C. V. Roman, Nashville, Tennessee.

Dear Dr. Kenney:

Please accept my thanks for "The Negro in Medicine." When I began to read it, simply could not stop until the whole book was read. I shall, with much pleasure, mention it to my friends and to the students in the Medical School.

Very truly,

(Signed) W. A. Warfield, M. D.

Several days ago I received your letter and a copy of "The Negro in Medicine." I have scanned the work and can but commend it. It is full of useful information which encourages the young physician and inspires the older men in the profession generally.

Fraternally yours,

(Signed) B. R. Bluitt, M. D., Dallas, Texas.

My Dear Doctor Kenney:

I want to congratulate you on your recent publication, a copy of which I received a few days ago. The quality of both the printing and subject matter is excellent. You deserve the thanks of the entire profession. Sincerely yours,

(Signed) L. B. Palmer, M. D., Atlanta, Ga.

Dear Doctor:

I have gladly received the book you sent with the sketches of the doctor's homes, etc. I think it highly commendable in itself, and you deserve all of the praise for your untiring zeal in getting it out. I think it will serve as a stimulus to the young and bespeak much praise for the efforts of the pioneers of the profession among our race.

(Signed) J. W. Darden, M. D., Opelika, Alabama.





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